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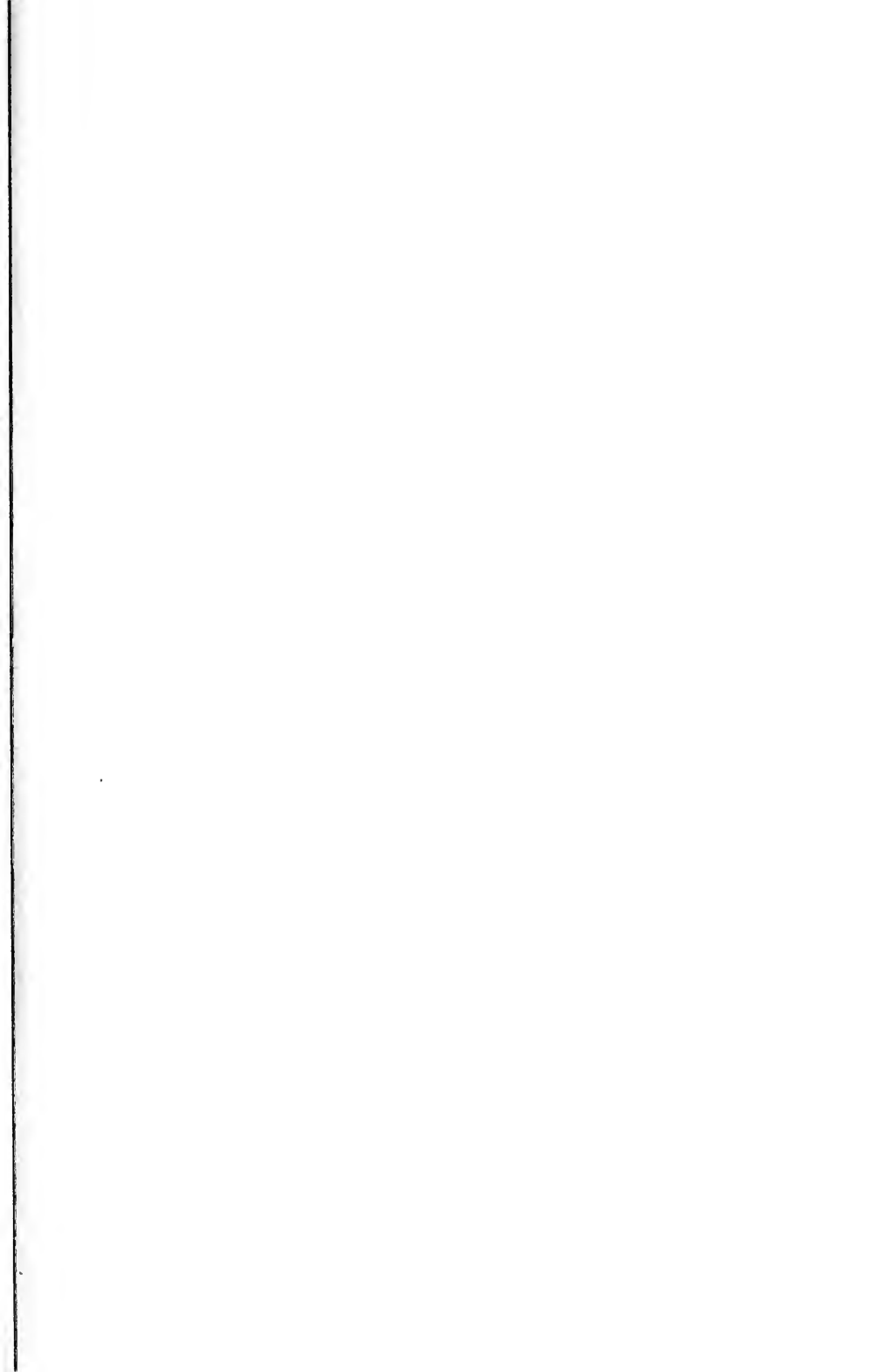
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VOLUME 32 NUMBER 1 JANUARY, 1969

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THE JOURNAL

of

The North Carolina Dental Society

(A Constituent of the American Dental Association)

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VOLUME 52

NUMBER 1

JANUARY, 1969

	Page
Dedication	Eure 4
President's Page	Osborne 5
Editorials	6
Letters to the Editor.....	7
Book Reviews	9
Surgical Correction of Maxillary Protrusion.....	Prince and Breland 10
Surgical Orthodontics—Some New Answers to Old Problems.....	Porter 15
A Practical Approach to the Third Molar	Austin 20
Surgical Management of Mandibular Deformities	Barts 24
An Unusual Cyst of the Maxilla.....	Kendrick 31
District News	33
Directory 1968-1969	37
District Officers 1968-1969.....	85
News Briefs from NCDHA.....	86
General News	87
Obituaries	92

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*In grateful appreciation
this issue is dedicated to . . .*



**Darden J. Eure, D.D.S.
Morehead City**

Darden Eure once considered the ministry as a career, but later decided on dentistry. The people of North Carolina have been the beneficiary of that decision. Certainly, it is difficult to see how he could have served better in any other field.

Dr. Eure has been a dedicated servant to his community, his patients, and his profession. He has distinguished dentistry in his town as a member of the Board of Health, the school board, Rotary, and as a leader in his church. Because of the example he has set, students have been led to careers in dentistry.

He has been a leader of our Society, having held many district and state offices including chairman of the executive committee; president of the Board of Dental Examiners; president-elect and president of the North Carolina Dental Society. His wise counsel is sought when there are decisions to be made, and he has led our organization successfully through trying times.

Darden Eure is a gentle, kind, and sincere man. His life has been one of dedication to his profession, and service to his fellow man.



The President's Page



THE North Carolina Dental Society is indeed fortunate to have in its midst a group of men dedicated to the purpose of first serving the membership. This was certainly shown again by dedication to important business as exhibited at a recent meeting of the American Dental Association in Miami. Not only did the delegates attend all sessions but the alternates were present for most sessions.

Many important actions will be discussed in greater detail in a later *Newsletter* or report to the House of Delegates. Among these was the manner in which the North Carolina resolution was shepherded through the closing session of this October meeting. Generally considered defeated before it was discussed, active floor participation by your delegation and skillful discussion by Roy Lindahl turned defeat into victory.

There was a feeling the American Dental Association had no right to be in the finance business and this was exhibited by a defeat of the requested dues increase. After much discussion, a change in the voting procedure, and a reduction in the amount requested, the fifteen dollars which was reflected in your recent statement did successfully pass the House of Delegates.

This increased cost of operating all organizations is being reflected by a rise in membership fees, a fact of which you are already aware. If we are to maintain our present services to the North Carolina dentists it appears this may become a factor for our House of Delegates to debate in May.

When you gave me the honor and an opportunity to serve as your President I had some doubts about the North Carolina Suite in the headquarters hotel during the national meeting. All of these have been dispelled since I was privileged to host this room in Miami. You owe it to yourself to plan a visit when we are together in New York next fall. This is by far one of the most important and happiest services our Society furnishes its membership.

Do mark off the dates May 11-14 in your 1969 calendar, for these days are to make North Carolina dentists better informed. The program is designed around the idea of "Better Dentistry for Better Dentists." This is in keeping with the thought that permeates most meetings of organized dentistry today, to provide continuing education for its membership.

COLIN P. OSBORNE, JR.

Editorials

QUO WARRANTO

The members of the dental profession can be proud of the specialty of Oral Surgery. Their training is established according to the standards set up by the Council on Dental Education of The American Dental Association and monitored by The American Board of Oral Surgery. This training program is comparable to the finest training programs of medicine or dentistry.

At the present time, factors exist which have a tendency to fragment oral surgery from dentistry and implant it in the field of medicine. These factors are:

1. The ever encroachment in scope of oral surgery by some medical specialists.

2. The restriction of hospital privileges to the oral surgeon who does not possess a medical degree.

3. The restrictions of the third party payments to only those who possess the medical degree.

Oral Surgery is closely related to all types of dental service, inasmuch as surgery of the mouth frequently involves loss of teeth with consequent impaired function, and requires careful consideration of physical, mechanical, and esthetic results. It is obvious that the dentist who has been adequately trained in the principles of oral surgery and in the application of these principles is far more competent to make a correct diagnosis and render surgical service than is the physician who has had no dental training.

Doctor Simon P. Hullihen, the first United States oral surgeon, summed it up well when one hun-

dred twenty-three years ago he said: "The dentist must carry upward the standard of his profession and plant it upon the broad platform of medical science; he must claim for himself and his profession the same respect and importance awarded to other branches of the healing arts, and that too, upon the same ground—the ground of a thorough scientific education."

A MAN AMONG DENTISTS

How many times have you taken a minute from your busy practice and asked yourself if you could not contribute more to this world? Dr. Fred Miller did. The idea of using people resources instead of a sometimes wasteful show of dollars made sense and he acted.

After answering an ad in the April 1967 *A.D.A. Journal* he was contacted in December 1967 and was approved to serve two months with the ship HOPE beginning the second week in June 1968. Dr. Miller's assignment was to teach operative dentistry in the University of Ceylon Dental School. Having only a few months to take care of the many details of leaving his family and his busy practice filled Dr. Fred's every minute.

THE MEDICAL COLLEGE OF VIRGINIA graciously came to Dr. Miller's aid by supplying him with teaching materials, slides, and manuals for use at his discretion and to be left with the Ceylon Dental School as a gift from Virginia.

Dr. Miller had the distinction of being the first dentist from North Carolina to serve on the ship HOPE. The dentists of North Carolina owe a debt of gratitude for his unselfish representation of all of us.

Letters to the Editor

AUGUST 10, 1968

I was shocked to learn of the recent death of Dr. Clyde Minges, Past President of the American Dental Association. Clyde was a friend of mine, thoroughly devoted to his profession and to the dental organizations of which he was a member, and while one may not have agreed with him on all positions he took, he had the courage of his convictions and was respected for it.

While I preceded Clyde by some ten years as President of the American Dental Association, I knew him for many years as a delegate from North Carolina who did much in that position to further the interests of his state and national organizations. These efforts occurred with, or following the footsteps of such outstanding men as Martin Fleming, Paul Jones, Henry Lineberger, F. L. Hunt, J. A. McClung, Wilbert Jackson, Frank O. Alford, and others too numerous to mention.

As Senior Past President of the American Dental Association, I offer this short eulogy of Clyde for such use as you may decide to make of it. It is the least I can do in Clyde's memory.

In passing, I might mention that I have always had a very tender spot in my heart for the Old North State, not only because of its support of my administration, but in

view of the fact that my Grandfather, Grandmother, and Mother were born there, and many happy days have been spent by Mrs. Camalier, and our children and grandchildren at Elizabeth City and old Nags Head.

Mrs. Camalier and I hope to be at the meeting in Miami Beach.

C. WILLARD CAMALIER, D.D.S.
WASHINGTON, D. C.

OCTOBER 9, 1968

It was with great pride and appreciation that I received the September issue of the NORTH CAROLINA DENTAL JOURNAL which was dedicated to the memory of my husband, Livious D. Herring. Our son and daughter and Livious's father and brothers were quite proud and pleased, also. I don't know who composed the dedication, but it was beautifully written and means so much to us who loved Livious.

Livious was always interested in organized dentistry and tried to promote goodwill with his fellowman. He would have been pleased, to say the least, with this dedication. In his love for the dental profession, Livious felt he could never give too much time in effort spent for organized dentistry. He enjoyed the time and work and, certainly, the close association with the members of the Society. He was honored

to be a member and to be elected Secretary-Treasurer of the North Carolina Dental Society. No one could have been more grateful than he was for the many wonderful friends that he had among the membership of the North Carolina Dental Society.

My warm appreciation for the dedication.

MRS. L. D. HERRING
RALEIGH

OCTOBER 31, 1968

DR. JOSEPH M. JOHNSON
SECRETARY-TREASURER
NORTH CAROLINA DENTAL
SOCIETY

DEAR DOCTOR JOHNSON:

Will you as Secretary please express my sincere thanks and appreciation to the officers and members of the North Carolina Dental Society for their many kindnesses and courtesies to me during these

last thirteen years? I have never worked for a nicer, finer, or more understanding group.

The job was a challenging one and at times a hard and often tiring one, but always rewarding. As I think back over the years, I realize that the long, hot, and often tiresome times fade away into only short years of the happiest time of my life.

I appreciate also the many expressions of appreciation and gratitude I have received. The sincere understanding of the membership of my decision to leave a job I have loved has made my departure much easier, but at times even harder.

I appreciate too the very nice thoughts expressed by the five districts as I attended my last meetings and their kind invitations to visit with them in future years.

I close by saying "thank you all for thirteen wonderful years."

MIRA D. RIDDLE

Atlas of Diseases of the Oral Mucosa. By J. J. Pindborg. 215 pp. 176 illustrations. Indexed. W. B. Saunders Co., Philadelphia, 1968.

A clear, concise, and systematic atlas of the diseases of the oral mucosa.

Pindborg has cliniced internationally with practitioners and is significantly cognizant of their day-to-day problems and interest. The author has taken these communicative experiences, his own clinical judgements, his vast experience as a pathologist, and the skills of a true educator and prepared a *must* for every dental office.

The descriptive text is based on and supported with excellent illustrations featuring sections covering:

- (1) Infective and Parasitic Diseases
- (2) Neoplasms
- (3) Endocrine, Nutritional, and Metabolic Diseases
- (4) Diseases of the Blood and Blood Forming Organs
- (5) Diseases of the Nervous System and Sense Organs
- (6) Diseases of the Circulatory System
- (7) Diseases of the Respiratory System
- (8) Diseases of the Digestive System

(9) Complications of Pregnancy, Childbirth and the Puerperium

(10) Diseases of the Skin and Subcutaneous Tissue

(11) Diseases of the Musculoskeletal System and Connective Tissue

(12) Congenital Anomalies

(13) Symptoms and Ill-Defined Conditions

(14) Accidents, Poisoning, and Violence

Pathology in Dentistry. By Alvin F. Gardner. 341 pp. Illustrated and indexed. Charles C. Thomas, Springfield, Illinois, 1968.

The author presents a text divided into twelve chapters, basic in its approach to oral manifestations and pathology of systemic diseases. Very descriptive and detail gross pathological specimens, as well as clinical and roentgenological contributions are used in the text. These are supported by histopathological illustrations.

The absence of color limits very markedly the value of all four of these aids to the descriptive text.

The reviewer would offer the opinion that the book would be useful as a basic text but would have little usefulness to the practitioner.

A Case Report

Surgical Correction of Maxillary Protrusion



PRE-OPERATIVE OCCLUSION.



PRE-OPERATIVE.



POST-OPERATIVE. Six weeks.



POST-OPERATIVE.

**By Clifford H. Prince, Jr.,
and
A. Breece Breland**

Doctor Prince is a Captain in the Dental Corps, United States Navy, and the Chief of the Oral Surgical Service, U.S. Naval Hospital, Pensacola, Florida.

Doctor Breland is in the private practice of dentistry in Charlotte.

The opinions or assertions contained in this article are the private ones of the writers and not to be construed as official or reflecting the views of the Navy Department or the naval service at large.

IN recent years, surgical correction of maxillary deformities has begun to receive more attention by oral surgeons in the United States. European oral surgeons have been doing these procedures for the past twenty-five or thirty years. Wassmund, Trauner, Kole and Obwegeser have written many articles and published many cases in the European literature and now these articles are beginning to appear with more regularity in America.

In the management of these patients, we believe that consultation and cooperation with the orthodontist is essential. Some of the factors which should be considered are:

1. Motivation of the patient.
2. Age of the patient.
3. Time factor.
4. Severity of the deformity.
5. The condition of the posterior teeth.
6. Economics.

The surgical treatment of malocclusion is determined by patient evaluation, study of models, and consideration of cephalometrics and facial radiographs. The surgical technique that we used is similar to

that reported by Professor Hugo Obwegeser at the University of Zurich in Zurich, Switzerland with some slight modifications.

On August 5, 1968, a 19 year old active duty Wave was referred to the Oral Surgical Service for the correction of her Class II Malocclusion. The patient's chief complaint at time of admission was inability to properly incise and masticate her food and the inability to close her lips together without undue tension. She was given a routine admission physical examination which was within normal limits with the exception of her dental problem. Our clinical examination revealed that the patient had a rather severe Class II Malocclusion. The teeth were in a good state of repair and the oral mucosa and gingival tissue appeared healthy. The surgical procedure was explained to the patient and she was enthusiastic and motivated for this treatment. After a very careful evaluation was made of the radiographs and study models, it was determined that the maxillary first bicuspid should be extracted. Approximately 6 millimeters of bone could then be removed from the maxilla and the anterior fragment containing the six anterior teeth could be moved posteriorly into a new position and occlusal relationship.

On August 12, 1968, the patient was started on prophylactic antibiotic therapy using terramycin 250 milligrams every six hours. She was also started on varidase, two tablets q.i.d.

On August 13, 1968, in the Oral Surgery operating room, the patient was premedicated with 100 milligrams of demerol and 25 milligrams of phenergan I.V. She was



PRE-OPERATIVE. Incisor relationship.



POST-OPERATIVE.

prepared and draped for intra-oral surgery. Using local anesthesia, the maxillary first bicuspid were extracted. Using 26 gauge stainless steel wire ligatures, maxillary and mandibular arch bars were applied. The maxillary arch bar was in three sections. The patient tolerated these procedures well and was returned to the ward in good condition.

On August 14, 1968, in the main operating room under satisfactory endotracheal anesthesia, the patient was prepared and draped for intra-oral surgery. After a throat pack was inserted, local anesthesia containing Epinephrine 1:100,000 was infiltrated in the labial and palatal mucosa for hemostasis. On the right side an incision was made vertically from about the distal surface of the right maxillary second bicuspid approximately 2 cm. into the buccal mucosa. The mucoperiosteal flap was carefully reflected anteriorly until the lateral wall of the pyriform fossa was identified.

Using the Hall surgical drill and



POST OPERATIVE. Six weeks.

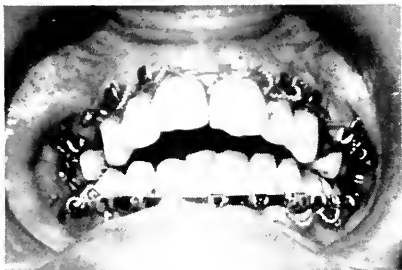
osteotomes, approximately 6 mm. of bone was sectioned through the maxillary alveolar ridge into the hard palate. Using a tunnelling procedure, the palatal mucosa was carefully elevated and the cuts were extended to the midline. All of the bone which was removed was saved and wrapped in saline gauze to be used as a free bone graft later on.

When the vertical cut had been completed, a horizontal cut was carried from the height of the vertical cut anteriorly into the lateral aspect of the pyriform fossa. An incision was made vertically in the midline and a portion of the nasal cartilage was removed and with an osteotome the nasal septum was fractured. This incision was closed with 3-0 surgical gut suture. The vertical and horizontal incisions were carried out on the left side. The premaxilla was mobile and could be easily moved posteriorly and fitted into its new position, using a previously constructed inter-occlusal splint. After careful hemostasis had been carried out, the throat pack was removed. The patient's occlusion was reestablished using intermaxillary elastic traction and intermaxillary wires. The bone which had been saved was used as a free graft and placed into the defects which had been left after the cuts. The oral mucosa was brought into its new position and sutured with 5-0 tevdek. The patient tolerated the surgical procedures well and was sent to the recovery room awake and in good condition.

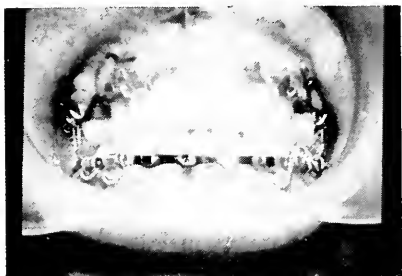
The fragment was maintained in this position and the jaws were immobilized for six weeks. The antibiotic therapy was continued for ten days.

The patient had an uneventful postoperative period with a minimal amount of postoperative pain and edema. During the period of immobilization, the patient's dietary needs were met with a high calorie, high protein, high mineral and high vitamin liquid diet.

RESULTS: The functional and



PRE-OPERATIVE. Application of maxillary and mandibular arch bars.



JAWS IMMOBILIZED with teeth in inter-occlusal splint



SURGICAL SITE, showing vertical and horizontal cuts

esthetic results of the surgical procedure was excellent. The patient's personality underwent a noticeable change after the surgery. She was highly pleased with the results. Six weeks after the surgery, none of the anterior teeth in the maxilla responded to the electric pulp tester. However, it has been our experience that within six months of the time of surgery the teeth will usually give a normal response.

COMMENTS: This case is presented to demonstrate a method by which reduction of maxillary protrusion may be accomplished. In carefully selected cases, improvement in function and appearance may result. As in all elective surgery, the candidate for the procedure should

be carefully screened. Careful study of the occlusion, the deformity and the maxilla prior to the operation are essential to success. During this period of study, a decision must be made as to the method of operation, fixation, and route of approach. Oral health must be brought to optimum level, and the general health of the patient determined. Surgical corrections of malocclusions are interesting and challenging procedures for the oral surgeon. However, adequate planning and careful surgery are absolutely essential if satisfactory results are to be obtained in these cases.

U. S. NAVAL HOSPITAL
PENSACOLA, FLORIDA

Surgical Orthodontics—

Some New Answers to Old Problems

By W. Joseph Porter

MEMBERS of the dental profession should be aware of the variables in the base developmental disharmony of the facial skeleton. Very recently it has been discovered that many orthodontic problems can best be treated with a surgical approach. This is not to say that the techniques used by the orthodontist is not satisfactory but that a complement to his treatment may have been found. The same thing can be said of the oral surgeons. The individual who benefits is the patient.

Surgery can simplify orthodontic treatment in many ways but it is most helpful along the line of operation on lips, movement of embedded teeth, mandibular body, symphysis and maxillary apical base. With better understanding of the combined treatment, there will be fewer failures, greater efficiency, and fewer risks in therapy. The use of orthodontic therapy is based on a treatment plan and evaluation.

This may include patient evaluation, study models, and consideration of cephalometrics and other radiographics.

The cephalogram is helpful because the profile is reproduced to actual size. It enables the one treating the patient to determine the exact location of the disturbance. To evaluate a faulty maxilla-mandibular relationship, requires thorough investigation because one might think the maxilla at fault, where it might be the mandible. Thus many diagnostic difficulties are met and this is the reason that a combined effort of both the orthodontist and surgeon is necessary. The proper interpretation of the cephalogram must be done by both orthodontist and oral surgeon in order to treat difficult problems. There are certain points which are of prime importance. These are illustrated and defined as shown in Diagram I.

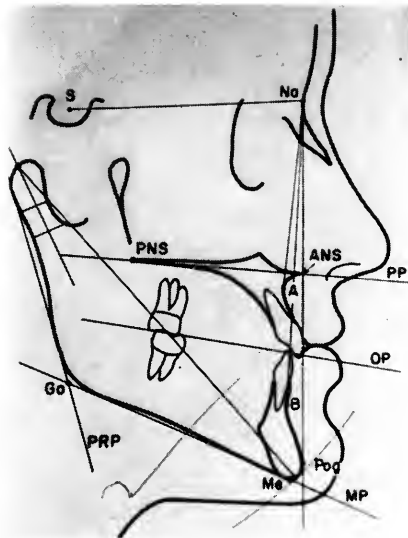


DIAGRAM I.
CEPHALOMETRIC LANDMARKS

The nine craniofacial landmarks are as follows:

Sella (s)—The midpoint of sella turcica determined by inspection.

Nasion (na)—The most anterior point of the nasofrontal suture.

A-point (a)—The deepest point on the anterior contour of the maxillary alveolar process.

B-point (B)—The deepest point on the anterior contour of the mandibular alveolar process.

Menton (Me) — The lowest point on the symphyseal shadow observed in the lateral cephalogram.

Anterior nasal spine (ANS)—The most anterior point on the anterior nasal spine.

Pogonion (Pog)—The most prominent point of the bony chin determined by inspection.

Posterior nasal spine (PNS)—The posterior projection of the horizontal plate of palatine bone at the midline.

Gonion (go)—As used in this study, the point of intersection of the mandibular and posterior ramal planes.

Palatal plane (PP)—Determined by connecting ANS and PNS.

Occlusal plane (OP)—A plane that approximates the buccal segments of the molars and divides the anterior overbite or open bite.

Sella—gonion (S-Go).

SNA—Angle formed by connecting sella nasion, and B-point.

ANB—A positive angle denotes A-point more anterior than B-point or SNA larger than SNB. A negative angle denotes B-point anterior to A-point on the lateral cephalogram.

Sella-nasion-mandibular plane (SNA-Pog) angle.

Nasion-sella-gonion (Na-S-Go) angle—This angle is measured by the direction noted; thus, a large angle would tend to place gonion posteriorly, whereas a smaller angle would tend to place gonion anteriorly.

The orthodontist primarily deals with occlusion, although facial changes do play a part in his decisions. There are limitations of orthodontic appliances and their treatment. It is not possible to influence either the body of the mandible or the ascending ramus with orthodontic appliances. It is possible with cephalometric study to determine that the orthodontist cannot achieve the desired results. This is true often in older patients with whom the oral surgeon can have better success.

Indications for combined orthodontic — surgical treatment.

1. Maxillary prognathism —

overdevelopment of middle region of face.

2. Mandibular prognathism — overdevelopment of lower third of the face.

3. Developmental disturbances in a vertical direction.

A. Open bite.

B. Closed bite.

4. Macroglossia

5. Bilateral crossbite

6. Developmental or traumatic disturbance to the condyle — lack of growth.

Maxillary Prognathism

This is found in many adults where it is not practical to treat orthodontically. The reason being

either professional, social,ologic, psychologic, or financial. It is often necessary to surgically move the mandible forward in this procedure.* Each patient of this type presents different problems and must be evaluated on individual basis as to exact technique.

Mandibular Prognathism

This is the area in which oral surgeons have had the most experience. This can be done by various approaches. It must be first diagnosed as to whether it is a true skeletal prognathism. If this is the case, then oral surgeons can be of great value. However, if it is a matter of dentition, then it can be treated early by the orthodontist with good results. This type is best treated in the mixed and deciduous dentition. The tongue must also receive attention as it is often necessary to remove a portion of it to allow for more room. This will accomplish a better result. The methods that are common are the Obwegeser approach, the ramus approach or sliding osteotomy and the body technique. The Obwegeser involves an intra-oral approach through the ramus. It is shown in the following Diagram II. This technique has been modified from the original technique. It has the advantage of not leaving a scar.

The sliding osteotomy technique is done by an extra-oral or intra-oral approach and has been popular. It gives excellent results and has proven highly successful. The technique can either be one of vertical cutting or horizontal. This depends on the amount of movement and desires of operator.

The technique through the body

* This technique is described in detail in Captain Prince's article included in this issue.

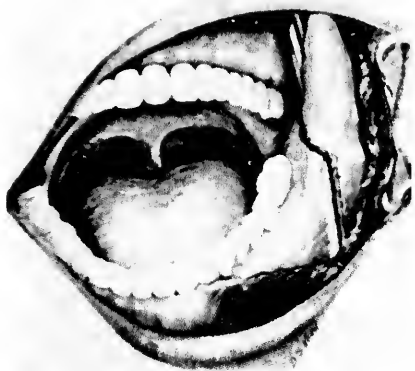


DIAGRAM II.

can either be done intra-orally or extra-orally. It is not as popular as it once was because it is a difficult surgical procedure and requires more time. Another disadvantage is the involvement with the inferior alveolar nerve which can be damaged and cause paresthesia. This is usually temporary. The patient is more uncomfortable with this technique and this is a factor which must receive recognition.

Open Bite

An open bite that may be caused by a habit such as thumb sucking, tongue thrusting, holding objects in mouth, etc., can best be corrected by means other than surgery. The cause is important in the diagnosis. Discovery of the cause may eliminate any further treatment.

A skeletal open bite is another problem. This must be diagnosed correctly and then treated properly. Many times, an unfavorable swallowing pattern will be the cause. This can be helped by evaluating the tongue. In many cases it will be found to be enlarged. Excision of a part of the tongue will aid in the treatment. This is not a difficult operation and can be done with

good results. It is a hemorrhagic operation and must be done with this in mind. The tongue is very vascular and thus precaution should be taken to arrest hemorrhage either with cautery or tying off vessels. Another consideration is the swelling of the tongue post operatively. This can be handled with proper care.

Movement of Embedded and Impacted Teeth

The surgeon can be of great assistance with this problem. Many teeth that were removed by the orthodontist can now be salvaged and brought into the oral cavity. It requires patience by the orthodontist as well as the surgeon. The patient must be informed prior to treatment so they have an understanding of the problem. Many cuspid teeth can be brought into position by exposure and wiring. I believe that the best and surest way is to wire them rather than placing of metal buttons or hooks to the teeth. This is a matter of preference and must be left to the operator as long as the desired results are accomplished.

A very interesting problem along this line has arisen recently. This is concerned with the inverted maxillary left central incisor. It is rather unusual to find this tooth in such a position but it does occur. Up until recently this tooth would have been removed and considered as lost or left to erupt in an unusual and non-useful manner. However, through the efforts of the orthodontist consulting with the surgeon it was felt that the tooth could be rotated into position. After first surgically exposing the tooth, a wire is passed around the tooth. The wire is .010 or .012 stainless steel wire. The wire

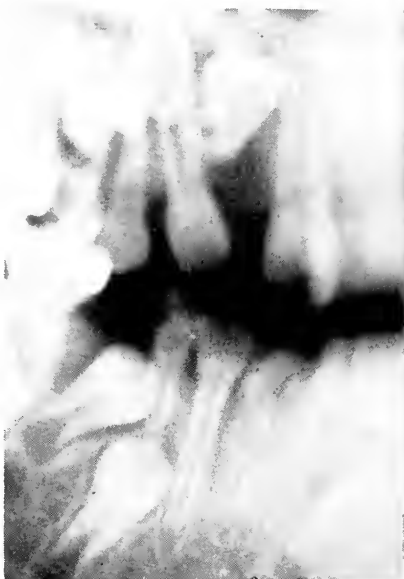


DIAGRAM III. Panorex view. Pre-operative.



DIAGRAM IV. Panorex view. Wire in place.

loop is tightened and left with a "pig tail" type of extension into the oral cavity. The orthodontist then attaches traction to this wire and

moves the tooth into position in the oral cavity. The tooth is also up-righted at the same time. This procedure is not without some difficulty for both the orthodontist and surgeon but can be accomplished with excellent final results. Such a procedure is seen in Diagrams III and IV.

The length of time is approximately seven to nine months from start to completion of case. We have now been involved with four such cases and all have had excellent results. It points out very clearly that this could not have been accomplished by the orthodontist alone or by the surgeon alone. The joint cooperation gave the needed results and the one who benefited was the patient.

Summary

The orthodontist uses time and growth factors to recontour the facial-dental anatomy. He is a careful and critical analyst of inter jaw disharmonies. Surgical orthodontics attracts the attention of clinicians, both surgeons and orthodontists. Facial deformities are corrected with better knowledge and skill. The different philosophy and techniques between oral surgeons and orthodontists allow a vast range of treatment procedures.

There are many situations in which a combination of treatment will give excellent solutions to difficult problems. The use of the knowledge and talents of two of the largest and oldest specialties of dentistry will result in many new advances in technique and results. The principles and risks involved in both oral surgery and orthodontia deserves mutual concern. Oral surgeons and orthodontists are now involved and have been involved in regional conferences throughout the United States. This exchange of ideas has proven beneficial for both specialties.

With continued mutual understanding of concepts and procedures between the specialties, fewer failures will result. Thus, the efficiency is improved; the risk minimized.

Correctional procedures by the orthodontist and oral surgeon must be coordinated if difficult dental-facial abnormalities are met. This therapy will satisfy patient demands and serve the public with less difficulty and legal ramifications. This is what we are all striving to achieve.

315 RANDOLPH MEDICAL CENTER
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A Practical Approach to the Third Molar

THE third molar is probably the most troublesome tooth in the field of dentistry. Hundreds of articles have been published concerning the technics for removal of this tooth, but only a few deal with the rationale for removal or reasons for retention. It is not the purpose of this article to discuss any of the technics for the removal of third molars. The eruption or failure of eruption of these teeth, has great effect upon all fields of dentistry.

Why the Dentist's Dilemma

The general dentist, when faced with the problems of eruption or non-eruption in the third molar area is at a loss to arrive at a logical process of therapy. This is true unfortunately because in most teaching institutions there has been no basis for procedure established in dealing with third molar problems. This is probably true because in any teaching institution, the different departments of dentistry look at the third molar area in a different light. It is important that individual practitioners of dentistry be ready to answer problems relative to the

third molar area and should stand ready any time to outline and propose a logical procedure to his patients.

Anatomical Reasons

The third molar area from an anatomical standpoint differs from other areas of the oral cavity. This is particularly true of the mandibular third molar. The mandibular third molar lies in the masseter space, a potential space formed by the facial planes encompassing the masseter muscle and the internal pterygoid muscle extending up the ramus of the mandible. The apical ends of the roots of the developed mandibular third molar are very frequently in close approximation to the inferior alveolar canal. Frequently the tooth is passed immediately in the ledge of the mandible which extends out over the paralingual space. This means that many of the mandibular third molar teeth are covered by a very thin cortical bony plate at the apical portion of the roots. This results many times in root fragments being shoved into the paralingual space at the time of

By Edward U. Austin

attempted removal. The role of infection in the mandibular third molar area is somewhat different from infections associated with other teeth in the mandible because of being in the masticator space area. This location allows infection to travel superiorly and laterally or medially to the ramus of the mandible producing muscle spasms and trismus. If infection transgresses through facial boundaries it may invade the lateral pharyngeal space and thereby travel into the mediastinum. The maxillary third molar is located in close approximation to the maxillary sinus and the pterygoid plexes of veins which communicates directly with the cranial cavity. It is easy to see that infection in the third molar areas has a much more serious connotation than any other area of the oral cavity.

Early Detection

Doctor Brodbent in 1943 set forth a four hypothesis that should be as much a part of the dental armamentarium as the eruption dates of the permanent dentition. He stated that at the time of

the permanent teeth, if supporting bones are not harmonious in size with the dental organs, then the teeth assume the position similar to that occupied within the bone at a younger stage. In proportion to the degree of retardation of the supporting bones, the teeth are forced into a greater or lesser degree of malposition. He also stated as soon as the occlusal surface of the mandibular third molar is complete the long axis of growth of crown and root formation can be established. He stated that the crown portion has a well calcified outline at fourteen years of age. He further stated that important changes in axial inclination of the mandibular third molar takes place between sixteen and eighteen years when the roots move abruptly forward in the bone indicating the approach of the tooth to the adult axial position. All parts of the body are subject to the influences of heredity and environment from conception to full maturity but the teeth only until the size of the crown is determined. Thereafter, all accommodations must be done by the surrounding structures. The eruption of the man-

dibular third molar is allowed by the growth of the mandible in the retramolar area. After sixteen years of age further growth in this area is negligible. A comparison of tooth and bone structure at sixteen years of age would determine if sufficient space were present for the third molar.

Function & Dysfunction of Third Molar

In light of the brief discussion of growth and development of the third molar area we should take a brief look at the third molar in view of function. The function can be divided under two headings. That is the function under normal condition and function under pathologic conditions. Assuming the third molar has gained entrance into the oral cavity in a relatively normal position there are facts that are known. It is difficult for the patient to maintain good oral hygiene in this inaccessible area and a third molar tooth is very susceptible, therefore, to dental caries. It usually results in early extraction of the tooth because it is impractical many times to restore a tooth in this inaccessible area. Even though the third molar may erupt into relatively normal position with its opponent, there are many instances on record showing that the prematurities in contact in centric or lateral movements of the mandible in the third molar area are prime courses of traumatic occlusion resulting in temporo-mandibular joint dysfunctions.

Under pathologic function of the third molar, the most benign condition is where the third molar has erupted in an unfavorable position with the second molar. This results

in a food pocket between the second and third molar usually causing dental caries of the second molar or periodontal pocket formation. Pericoronal infections occur frequently in association with the tissue flaps of partial erupted or impacted third molars. The associated inflammatory reactions are often profound and spread from the tissue flaps to adjacent structures. Perio-stitis, osteomyelitis, trismus and cervical lymph adenities with periotonsillar and pharyngeal abscesses are sometimes complications of the original pericoronitis. Any tooth completely unerupted may undergo epithelial degeneration of its formative organ with resultant follicular or dentigerous cyst which often grow to considerable size and destroy large portions of the maxilla or mandible. Neuritis or diffuse neuralgias may develop from pressure of the developing root on nerve trunks. Every practicing dentist has seen radiographic evidence of resorption of adjacent tooth roots from prolonged retention of impacted third molars. Crowding of existing dentition and malocclusion resulting from third molars has been debated but some cases seem very convincing. Though it is rare it must be remembered that the enamel producing cells of underdeveloped third molars may become neoplastic.

Factors In Removal

The removal of impacted third molar teeth is no longer generally a formidable or complicated surgical procedure when done by trained personnel. This is particularly true in the younger age groups from eighteen years of age to twenty-five years of age. However, it should be pointed out that a benign procedure

with minimal morbidity can be a very serious procedure with a great morbidity in the geriatric group. In the older age groups, the patient's ability to withstand a mandatory oral surgery procedure might be greatly jeopardized by pre-existing disease in other body systems and organs. It is known that around age fifteen to sixteen further growth in the retromolar area is negligible. Shortly after this period in life an evaluation of the third molar area can be made at approximately age eighteen. It should be determined at this time whether or not the third molar teeth are going to erupt into a reasonably functional position or whether they are going to be a source of discomfort and pathology in the future. **It is no longer acceptable for dentists to inform patients that their mouth is in a state of health unless a third molar examination has been completed.** The old adage of "let a sleeping dog lie" is no longer acceptable in dentistry as it is known today.

Obligation to Patient

The dentist is obligated to his patients to give them a definite answer regarding their prognosis or the prognosis of their oral health. This means preventing them from the pathologic sequela of unerupted

or impacted third molar teeth. An abnormally positioned tooth is a pathologic situation. This must be determined by the dentist and the tooth must either be allowed to remain or it should be removed. Only rarely is there any justification for watchful waiting. The osseous defects created by the removal of impacted third molars, in the latter teens or early twenties age group, heal promptly with little or no morbidity or complications. The cortical bone in the third molar area in the younger age group is much less dense than it is in the older age group, thereby facilitating the removal of the third molars in younger age groups.

No longer is there any reason for mystery or magic to shroud the third molar problem. Rather it is a duty of any good practitioner of dentistry to advise his patient early regarding the third molar situation in his particular mouth. From a study of growth and development it is possible that this evaluation can be made early in the life of an individual and thereby prevent many of the pathologic sequela inherent with prolonged retention of malposed third molar teeth.

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Surgical Management **9** of Mandibular Deformities

MODERN day correction of maxillo-mandibular deformities dates back to 1849 when Hüllihen first corrected an open bite resulting from a burn with subsequent scar contracture. Since that time, a great number of surgical methods have been devised and tried in an attempt to correct these deformities.

Heredity, evolution and regression, and environmental influences may be laid at the doorstep of mandibular deformities. Under these categories one can list causes such as:

A. Congenital deformities:

1. Asymmetry — due to abnormal molding during the embryonic development.

2. Micrognathia

3. Ogenesis of the condyles and ramus.

B. Developmental deformities:

1. True prognathism — over-developed mandible.

2. False prognathism — under-developed maxillae.

3. Apertognathia — open bite

4. Retrognathia — micrognathia

5. Asymmetry — unilateral disturbance of condylar growth by infection, trauma, etc.

6. Hemi-hypertrophy — mandibular or facial.

C. Environmental Deformities:

1. Infection — osteomyelitis, etc.

2. Trauma — missile wounds — avulsions.

3. Operating defects — resection of benign and malignant tumors, removal of cysts and sequestra.

D. Degenerative Deformities:

1. Alveolar atrophy secondary to periodontal disease and/or loss of teeth

The developmental deformities will be the main consideration of further discussion. There can be little doubt that a desire to improve their appearance is the major motivating factor that prompts individuals to seek treatment. These people are invariably self-conscious of their appearance and often have accompanying personality problems.

From a physiologic point of view, there are to be sure, functional deficits. The patient may complain of the inability to masticate certain "chewy" foods and of the attending embarrassment when attempting to do so. The dentist may see destruction of the dentition and/or periodontium as the result of the malocclusion and destructive forces of mastication. The prosthodontist may view the deformity in lieu of the construction of prosthetic appli-

By John W. Barts, Jr.

ances and the attending difficulties due to malaligned alveolar processes.

The literature is replete with arguments as to whether these developmental deformities are primarily defects of the oral cavity with the facial deformity secondary or vice versa. Arguments such as these seem unwarranted from a practical point of view. Both esthetic and functional considerations must be considered in developing a mode of treatment or indeed in justifying treatment at all. Other symptoms for which surgery may be indicated include speech difficulties, relief of TMJ dysarthrosis, neuralgic pain and the facilitation of prosthetic construction.

In selecting a given operative procedure, a thorough evaluation of the patient and his deformity must be made.

Paramount in pre-operative consideration is that these corrective procedures should never be "sold" to a patient. After deciding that surgery can be of benefit to the patient, the procedure should be thoroughly explained to the patient. He should be told not only of the benefits but also of the risks, inconvenience, discomfort and adjustments necessary on his part.

Only after thorough understanding and mutual agreement should surgery be undertaken

The oral surgeon, orthodontist and prosthodontist should consult and lend their specialized knowledge in deriving an acceptable treatment plan.

The orthodontist with his familiarity of facial growth patterns and occlusion should be a partner in the pre-operative work-up. Pre-operative occlusal adjustment can often best be performed by the orthodontist enabling a more satisfactory immediate post-operative occlusion and thus stabilization to be obtained. Orthodontic bands or other appliances are utilized as means of fixation and stabilization after surgery. Correction of occlusal disharmonies post-operatively often are necessary in order to obtain the best possible functional and/or esthetic results.

The oral surgeon's responsibility in addition to the corrective surgery itself consists of the detection and elimination of inherent pathology prior to surgery. Areas of periapical pathoses associated with dental caries, cysts, tumors, etc., must be eliminated before surgical correction can be undertaken.

The prosthodontist's know-how is

especially important in edentulous, partially edentulous, or potentially edentulous cases. The relationships of the alveolar processes, the tuberosity-ramus relationship, and the vertical dimension necessary for acceptable prosthesis may be the determining factor in selecting the mode of correction. The construction of splints and dentures to be utilized in post-operative stabilization of the segments can best be designed by the prosthodontist.

To summarize, the "team approach" is most desirable in obtaining for the patient the highest degree of care available.

Blair in 1907 in referring to asymmetry of the dental arches stated, "The malrelation consisted either in a disproportionate growth in the length of the body of the lower jaw, in the lack of development of the upper jaw, in a lack of development of the lower jaw, and in a bending downward of the lower jaw at or in front of the angle." He further stated that, "We have to deal with an upper solid jaw and a lower one that is a hoop of bone capable of almost any kind of adjustment, and it is upon the latter that our efforts must be expended."

It seems as if Blair's statement could be revised today to state that the mandible is capable of *any kind* of adjustment. The different modes of correction that have been utilized to overcome specific deformities are a tribute to the ingenuity and surgical skill of the surgeons involved.

In reviewing the methods of correction, it has been on the mandible that almost all the correction has been aimed regardless of the primary site of deformity. It is only within the past six to eight years

that some attempt has seriously been made to correct a maxillary deformity in the maxillae. This is an interesting approach but will not be considered in this discussion.

Osteotomy is the surgical cutting of bone and is the basic operation employed in the correction of prognathism. These procedures have been approached intraorally, extraorally and with a combined intraoral-extraoral approach. Some of them have been performed as open procedures and some as so-called "blind" procedures. There are three principal locations in the mandible in which surgery for correction of prognathism is undertaken. These include (1) the body of the mandible in the region of the second premolar and first molar, (2) the ramus, and (3) the neck of the condyle.

The horizontal osteotomy in the rami for the correction of mandibular prognathism is performed at a level just above the mandibular foramen. (see fig. 1) It may be accomplished by "blind" sectioning with a Gigli saw, by an open operation intraorally, or by an extraoral operation.

Because of the numerous hazards the "blind" horizontal osteotomy has been virtually discarded by most oral surgeons. One of the first modifications of the "blind Gigli saw" procedure was offered by Hensel who advocated a direct surgical approach to ensure a correct line of osteotomy. As reported, the major disadvantage of the so-called horizontal sliding osteotomy was "vertical collapse in the ramus" due to lack of bony apposition and difficulty in stabilizing the bony fragments resulting in an "open bite."

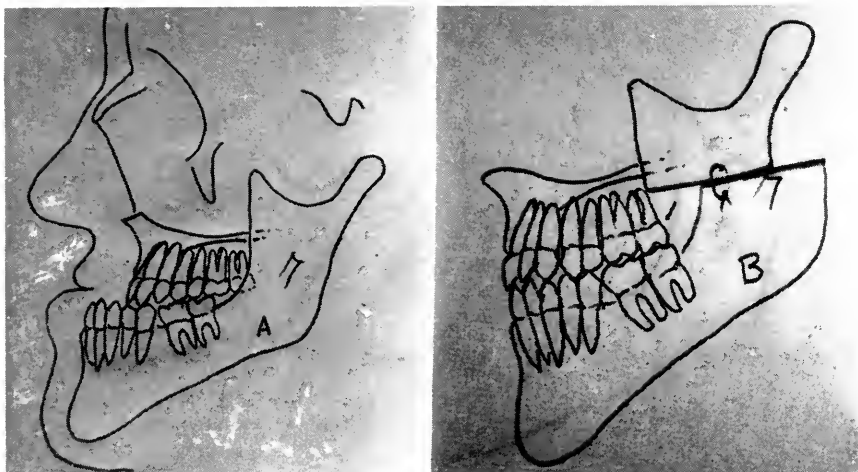


FIGURE 1. The Horizontal osteotomy.

The oblique osteotomy (or condylectomy) in the region of the condyle has been popular with a few oral surgeons for several years for correction of prognathism. The objective is to create bilateral surgical fractures by surgically sectioning the neck of the condyles and repositioning of the whole mandible to normal occlusion and jaw relation. Bony union may not occur or even may not be expected in certain instances, but one hoped for a satisfactory functional pseudoarthrosis.

Ostectomy, when performed for the correction of prognathism, consists of the excision of a measured section of the mandible to establish normal relation of the anterior teeth and to correct protrusion of the lower jaw. (see fig. 2) It is primarily performed in the body of the mandible, usually in the premolar area, occasionally in the molar area or proximal to the dentition at the angle of the mandible. The preferred operative procedure is that of a combination of both intraoral and extraoral approaches

in two stages with the sacrificing of teeth and bone structure in the area.

This approach can correct bizarre types of malocclusion especially when you have satisfactory posterior occlusion but malocclusion of the anterior segments. One could not expect correction of the gonial angle or ramus — tuberosity relationship with this approach.

The vertical osteotomy of the

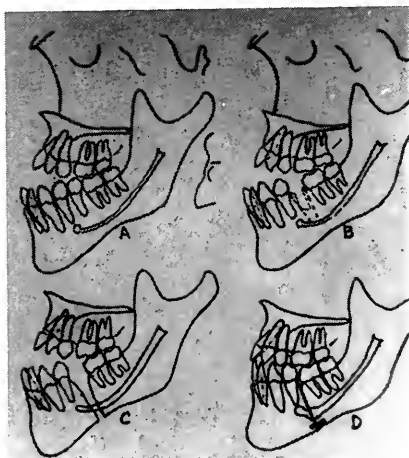


FIGURE 2. The osteotomy in the body of the mandible.

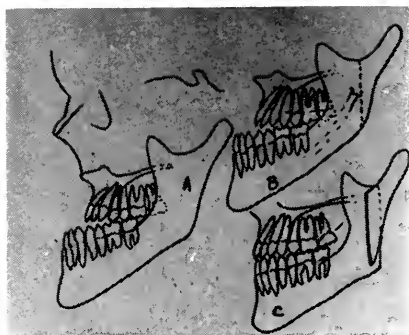


FIGURE 3. The vertical osteotomy of the ramus.

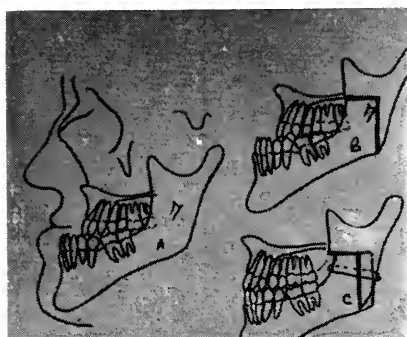


FIGURE 4. Trauner's osteotomy (inverted L-shaped osteotomy).

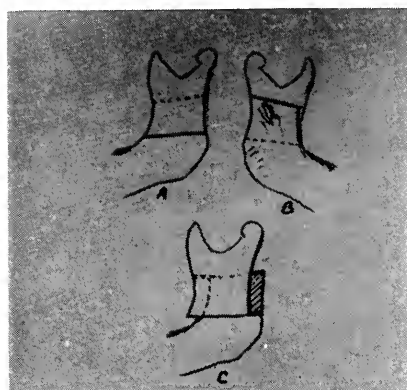


FIGURE 5. Obwegeser's antero-posterior split osteotomy in the ascending ramus.

ramus is an extraoral operation accomplished through a submandibular approach. A vertical section of the ramus is made in a line from the lower aspect of the sigmoid

notch directly posterior to the mandibular foramen (lingula) to the inferior border of the mandible at the angle. The proximal fragment overlaps the distal fragment with the repositioning of the whole body of the mandible posteriorly to a normal occlusal and jaw relation. (see fig. 3) At the present this approach is the most widely accepted and used by the majority of oral surgeons. Although there are obvious disadvantages associated with a surgical procedure such as this, the advantages are enormous. In addition to excellent functional results, which are so very important, the cosmetic result is also excellent. The characteristic obtuse angle deformity is corrected at the same time a good profile result is achieved in contrast to the results obtained in the body osteotomy

The antero-posterior split osteotomies in the ascending ramus was described first by Doctors Obwegeser and Trauner. Trauner developed technique Number 1, the inverted L-shaped osteotomy in the ascending ramus. (see fig. 4)

This involved an antoraoral — extraoral approach. The vertical cut on the medial aspect of the ramus and posterior to the mandibular foramen is made from an extra oral approach. The horizontal cut just above the lingula and from the vertical cut anteriorly is made from an intraoral approach. The larger anterior segment is pushed back alongside the lingual aspects of the posterior segment due to the divergence of the mandible thus improving the shape of the angle of the jaw. A horizontal circumferential wire looped around the ramus holds the bony segments together.

Later Obwegeser developed tech-

nique Number 2 which is the vertical splitting of the ascending ramus and is best done intraorally. (see fig. 5)

The incision is made in the mucosa and periosteum, extending along the external oblique line. The periosteum on the inner and outer surfaces of the ramus is elevated. A horizontal cut is made through the cortical bone on the medial aspect of the ramus just above the lingula and on the lateral aspect of the ramus below the lingula at about the level of the cervical line of the teeth. A vertical cut is made along the ascending ramus connecting the two horizontal cuts. An osteotome is used to split the ramus being careful not to damage the contents of the mandibular canal.

Doctors Trauner and Obwegeser along with others have continued to make improvements in these methods. The recent modification of the Obwegeser technique is to omit the horizontal cut on the lateral aspect of the ramus and to extend the vertical cut of the ascending ramus with a vertical cut on the lateral aspect of the body of the mandible in the molar region. A second vertical cut is made in this area with the removal of a predetermined measured segment of cortical bone anterior to the first vertical cut. This allows for the sliding of the proximal bony segment into this space with the movement of the prognathic mandible posteriorly into the desired occlusion. (see fig. 6)

By these last two techniques, three types of correction may be made. First, by retrusion of the large anterior segment, mandibular prognathism may be corrected; second, the jaw may be set forward

to correct mandibular retrognathia; and, third, rotating of the anterior segment will correct an open-bite with good contact of wide, cancellous bone surfaces resulting in each incidence.

Some authors say that in their experiences in dealing with class III malocclusions, there is rarely a disproportion between the toothbearing alveolar portions of the mandible and maxillae. The developmental defect is usually proximal to the third molar area. These observations favor correction somewhere in the ramus. On the other hand, there are cases where the defect is found in the body of the mandible or cases where removal of a tooth or teeth would accomplish the most desirable occlusion. These corrections are perhaps best accomplished in the body of the mandible.

With a few exceptions, the techniques used for the correction of prognathism with modifications have been utilized in retrognathic (micrognathic) cases. Brief mention should be made of another mode of correction of retrognathic or more specifically the deficient

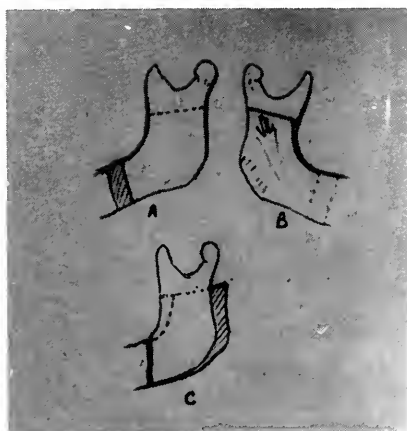


FIGURE 6. Modifications of the Trauner-Obwegeser osteotomy.

mentum. Various materials have been implanted supra-periosteally both from an intraoral and extraoral approach to "build out the chin." These materials and substances include:

(1) Autogenous bone — both cortical and cancellous.

(2) Preserved or autogenous cartilage

(3) Vitallium and tantalum metal and mesh

(4) Acrylics

(5) Plastics

(6) Silicones, including static sponge and blocks.

Key points for success appear to be adequate soft tissue coverage and immobilization of the implants.

Since apertognathism (open bite) is oftentimes, but not always, associated with either a prognathism or retrognathism variation of aforementioned procedures have been devised and utilized. The "V" and "Y" shaped osteotomies of the body of the mandible along with the circular osteotomy at the mandibular

angle are additional procedures which have been used to correct an "open bite."

At this point, I think a fair appraisal would be one that states that no single procedure is applicable for the surgical correction of all types of mandibular deformities. Varied structural deformities in various anatomic sites require varied approaches. A rule of thumb that could be considered is to first look to apply correction at the site of the defect.

In closing, one returns to Blair's reference of the mandible as being a "hoop of bone" capable of almost any kind of adjustment. The fact that reports continue to come in concerning all types of adjustments attests to the accuracy of that prophesy. Perhaps time, experience and increased "know how" will reveal the adjustment or adjustments we should be using.

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An Unusual Cyst of the Maxilla

By Vaiden B. Kendrick

Dr. Kendrick is Chief of Oral Surgery, Charlotte Memorial Hospital.

RADICULAR cysts are perhaps the most frequently found cysts of the mandible and maxillae.

The case here reported is one wherein the cyst eluded radiographic detection in the usual sense and proved to be singular in its behavior.

A 32 year old man was referred by his general dentist complaining of suppuration from the extraction site of the maxillary right second bicuspid. The tooth had been removed six days earlier. He was in good health and his history revealed nothing further contributory to the present complaint.

CLINICAL EXAMINATION: Brownish-yellow pus was draining freely from the alveolus, and irrigation with saline solution resulted in copious return of pus. The irrigative needle could be inserted well above the length of the alveolus.

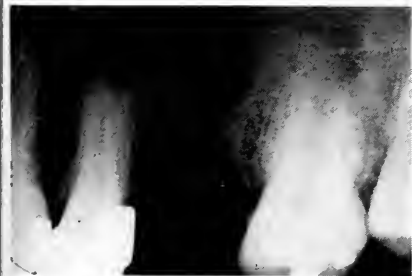


FIGURE 1. Periapical view showing antral floor and small radiolucent area at apex of second bicuspid alveolus.

RADIOGRAPHIC EXAMINATION: Periapical radiograph (Fig. 1) revealed a small oval radiolucent area at the apex of the alveolus. The antral floor was at the first molar root apex, and 5mm. above the first bicuspid root apex. Otherwise the bone architecture was normal.

RADIOLOGIST'S REPORT: "Waters View of Facial Bones: (Fig. 2) PA, erect view of the facial bones made in the Waters position reveals opacification of the right antrum with an air fluid level. I believe this is related to an acute active inflammatory process."

In view of the physical and radiographic evidence it was concluded that there was an oro-antral fistula with empyema of the antrum.

The patient, who came from a distance, was supplied with a syringe and blunt needle with which his general dentist irrigated the area



FIGURE 2. Waters view showing intrusion of the right antrum by the cyst, imitating an air-fluid level.

daily with Terramycin solution. Lin-cocin mg. 500 T.I.D. was pre-scribed.

Approximately three weeks after therapy was instituted drainage had ceased, and the patient returned for plastic closure of the oro-antral fistula. Under local anesthesia, an incision was made along the buccal gingival margin from the second molar to the cuspid level. Upon elevating the mucoperiosteal flap, it was found that the periosteum was adherent to a large cyst membrane. The periosteum was dissected free of this membrane and enucleation of the cyst was accomplished. It was discovered that the buccal bone had been destroyed from the region of the apices of the first molar tooth and well above this point, forward to and above the cuspid. Further it was found that the cyst had destroyed the lateral wall of the sinus until it was egg-shell thin and in some places obliterating it, leaving the cyst adherent to the antral lining. The convex surface of the egg-shell bone protruded medially, that is, toward the antrum. The entire cyst was enucleated, along with the egg-shell bone and several areas of the antral mucosa. Thus the antrum and the defect produced by the cyst became one cavity. The soft tissue margins of the extraction site were freshened and sutured, and the remainder of the flap was likewise closed with interrupted 3-0 black silk sutures.

The tissues were submitted for microscopic examination. Pathologist's interpretation: "(a) Tissue from cyst: Benign cyst with chronic inflammation, consistent with a radicular cyst. (b) Antral mucosa: No pathological changes."

The patient returned in six days, reporting an uneventful post-operative course, and the swelling had subsided. The sutures were removed, and healing was normal. Ten days later resolution was found to be continuing satisfactorily, and the patient was dismissed.

Summary

An unusual Radicular cyst of the maxilla and its surgical management have been described. Clinically and radiographically it simulated an oro-antral fistula. Due to its peculiar nature, the surgical handling necessarily produced an actual oro-antral fistula, terminating in a satisfactory result.

Conclusion

Radiographs are an essential tool of the oral surgeon, but despite interpretation of a high order they can be misleading. This case represents such an instance.

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District News

First District

C. W. CANROBERT, *Editor*

Grove Park Inn, Asheville, was "invaded" by 169 dentists, guests, and auxiliary personnel for the forty-seventh annual meeting of the First District Dental Society, September 28-30.

Events began with a dinner dance Saturday night. Compliments on the meals and arrangements for the entire meeting were spontaneous, causing Dr. Dixon Qualls, local arrangements chairman, much embarrassment and pride, I am sure.

District golf pros took to the course Sunday in beautiful sunshine, the theme of the weather for the whole meeting.

Ten table clinics were presented by members of the district. Participating in these were Doctors Kenneth Ray, James Taylor, Robert Owen, Jr., S. L. Woody, T. F. Blume, Robert Litton, Carey Wells, Jr., George Johnson, Jr., Jerry Gunter, W. G. Quarles, and George Miller.

The business meeting Sunday night must go down as one of the fastest on record. President Cecil Pless moved quickly through the business of the district providing efficient thoroughness and direction.

Ten new members were accepted and were charged by Dr. John Girard, Jr. He emphasized integrity in one's practice. Approved for membership were Doctors George Agett, Newland; James Cabe, Murphy; John Cloninger, Lincolnton; James

Dimsdale, Bryson City; Charles Goodwin, Hickory; Jerry Gunter, Gastonia; William Gwynn, Hickory; William Holt, Conover; Robert Karr, Belmont; and James Taylor, Asheville.

Dr. Colin P. Osborne, Jr., president of the North Carolina Dental Society, reported that dentists throughout the state have cooperated and shown interest in the schools for training dental auxiliary personnel.

Dr. Roy Lindahl of the University of North Carolina School of Dentistry expressed appreciation for the support of the state dentists during the expansion program at the dental school and for the response to the continuing education questionnaire.

"Research and Clinical Techniques Related to Silver Amalgam, Resin Systems, and Cast Gold Restorations" provided a stimulating and interesting topic for Dr. Gordon J. Christensen, Denver, Colorado. How research can be of benefit to the local dentist was clearly shown.

New officers elected were: Francis A. Buchanan, president; William A. Mynatt, president - elect; Kent Rogers, vice president; Fred Ogden, II, secretary - treasurer; and C. W. Canrobert, editor.

The final business session and installation of officers were held Monday at a joint luncheon with the Auxiliary. Several door prizes including a small television set were given as a highlight to the meeting.

Second District

KENNETH D. OWEN, *Editor*

The Fourth Annual Tar Heel Dental Seminar sponsored by the Second District Dental Society opened Sunday afternoon, September 22, with an excellent program of ten table clinics, followed by four projected clinics presented by Drs. James Graham, Bernard Wilkie, Kenneth Owen and James Zucarello. Both events attracted large attendance, including wives, assistants and hygienists.

This set the stage for a well-run convention, thanks to the capable leadership of President Stewart Peery.

Dr. Edmund Harding of Washington, N. C., was the featured speaker at the banquet Sunday night. His topic was "Let's Shed Those Deciduous Teeth."

New members inducted at the banquet included: John W. Barts, Jr., William T. Cozart, Jr., John G. Edwards, William C. Lofton, Donald J. McGowan, William C. Myers, F. D. Pattishall, all of Charlotte; James R. Gibson, Jr., Monroe; Max R. Hiatt, Mount Airy; Paul Maus, Salisbury; and Paul C. Steadman, Statesville.

President Peery happily announced that a Necrology Service would not be necessary.

In fulfilling its role of providing post graduate education the Tar Heel Seminar presented two outstanding clinicians on Monday and Tuesday. They were: Dr. Wilber B. Eames of Emory University and Dr. Charles M. Heartwell of the Medical College of Virginia.

Officers for 1968-69 were installed Monday night at the Village Theater in a moving ceremony con-

ducted by Dr. Joseph M. Johnson, secretary - treasurer of the North Carolina Dental Society.

The new officers are: W. Smith Kirk, Salisbury, president; M. Lamar Dorton, Statesville, president-elect; Paul A. Stroup, Jr., Charlotte, vice president; Fred C. Miller, Jr., Jonesville, secretary-treasurer; William H. Price, Monroe, and Keith L. Bentley, North Wilkesboro, delegates; Robert H. Watson, Charlotte, and Eldon H. Parks, Elkin, members of the Executive Committee.

Third District

RICHARD M. FIELDS, *Editor*

The Third District met at Mid Pines Club, Southern Pines, Sunday and Monday, October 6 and 7 with a total registration of 244.

Following an all-day golf tournament, the meeting opened with a banquet and a business session Sunday evening.

Sixteen new members were elected. They were: Stuart B. Fountain, Gene A. Holland, Don L. Marbry, Woodrow W. Merritt, Jr., Kenneth E. Mitchum, Theodore M. Roberson, W. Wilson Shoulars, Jr., Joe T. Wall, D. Robert Williams, and Matthew T. Wood, all of Chapel Hill; Charles K. Caldwell, Reidsville; Alan B. Gordon, APO New York; Preston W. Keith, Greensboro; David A. Roberts, Gibsonville; Tommy D. Upchurch, High Point; and John D. Ward, De Ridder, La.

"Basic Factors in Human Communications" and "Practice Management Aspects of Human Communications" were the subjects of two lectures by Dr. Russell Haney of Sherman Oaks, California on Monday.

At the concluding business session Monday afternoon the following officers were installed: L. P. Megginson, Jr., High Point, president; Ludwig G. Scott, Burlington, vice president; C. F. Clark, Jr., Durham, president-elect; James B. Howell, Greensboro, secretary-treasurer; Leonard R. Cashion, member of Executive Committee; Joseph R. Sugg, delegate.

Fourth District

FREDERICK G. HASTY, *Editor*

The Fourth District Dental Society met for its 48th year at the Statler Hilton in Raleigh October 12-14.

On Saturday, a social hour, banquet and dance highlighted the opening day, with the Jock Lauterer Duo entertaining the group with folk singing.

MacGregor Downs was the scene of a golf tournament on Sunday. That evening a social hour and buffet dinner preceded the first business session when fourteen new members were accepted. They were: C. Allen Avera, Randolph R. Hall, Carl B. Moore, Robert W. Moye, William J. Sherwood, and Ralph A. Young, all of Raleigh; R. M. Blackman, Selma; R. A. Carnevale, Fayetteville; Eddie N. Clark, Apex; Billy Dennis, Cary; Richard F. Gorman, Dunn; Wilson S. Hoyle, II, Henderson; Edward V. Wilkins, APO, New York; and Henry N. Wright, Smithfield.

Officers elected for 1968-69 were: P. C. Purvis, Fairmont, president; Harold E. Maxwell, Fayetteville, president-elect; Gordon L. Townsend, Dunn, vice president; James H. Edwards, Raleigh, secretary-treasurer; Penn Marshall, Jr., Raleigh, and J. B. Powell, Clinton,

members of Executive Committee; John N. Denning, Smithfield, and L. B. Stanley, delegates.

Registration for the three-day meeting totalled 275.

Captain Howard B. Marble, Jr., Captain Peter F. Fedi, Jr., and Commander Julian J. Thomas of the Naval Dental School at Bethesda, Maryland were the featured clinicians.

Fifth District

JAMES A. PRIVETTE, *Editor*

Dr. Emile Fisher of Atlanta was the clinician at the Fifth District meeting at the Blockade Runner Motor Hotel on Wrightsville Beach September 15 and 16.

The meeting opened at 3:00 p.m. Sunday with the presentation of nine table clinics. Following a social hour and banquet, 14 applicants for membership were received at a business session. They were: Benjamin R. Baker and James F. Cameron, Kinston; William B. Cox and Irvin R. Roseman, APO, New York; Lyle E. Crumpler, Rocky Mount; Stanley M. Farrior, Burgaw; Johnnie D. Hodges, Jeremiah N. Partrick and J. R. Stike, Wilmington; Samuel P. Jackson, New Bern; David T. Marshburn, Williamston; H. Wayne Ridout, Wilson; J. Fred Sproul, Goldsboro; and George O. Wells, Jr., Atkinson.

Also at the business session, the Fifth District unanimously endorsed the candidacy of Dr. William L. Hand, Jr., of New Bern for president-elect of the North Carolina Dental Society at the 1969 meeting in Pinehurst; amended its *By-laws* to increase annual dues from \$6.00 to \$10.00 annually; and ap-

proved a change from Sunday and Monday meetings, to Thursday to Saturday sessions.

Officers installed at the final business session were: T. S. Fleming, Tarboro, president; William E. Kidd, Washington, vice president;

James L. Cox, Goldsboro, president-elect; James A. Privette, Kinston, secretary - treasurer; Ledyard E. Ross, Greenville, and Fred H. Miller, New Bern, members of the Executive Committee; R. Hogan Gaskins, Jr., Jacksonville, delegate.

**STATEMENT OF OWNERSHIP
MANAGEMENT AND CIRCULATION
(Act of October 23, 1962; Section 4369, Title 39,
United States Code)**

1. Date of filing: Sept. 30, 1968.
2. Title of publication: THE JOURNAL OF THE NORTH CAROLINA DENTAL SOCIETY.
3. Frequency of issue: January, April, August, September.
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Editor: Dr. A. Breece Breland, same as above.
Managing editor: Andrew M. Cunningham, same as above.
7. Owner: North Carolina Dental Society, P. O. Box 11065, Raleigh, N. C. 27604.
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9. For completion by nonprofit organizations authorized to mail at special rates (Section 132.122, Postal Manual)
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☐ Have changed during preceding 12 months (If changed, publisher must submit explanation of change with this statement.)
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1. Sales through dealers and carriers, street vendors and counter sales: Average no. copies each issue during preceding 12 months, None; Actual number of copies of single issue published nearest to filing date, None.

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I certify that the statements made by me above are correct and complete.

ANDREW M. CUNNINGHAM
Manager, Business

North Carolina Dental Society

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1968-1969

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STATE COMMITTEES

DISTRICT OFFICERS

DISTRICT COMMITTEES

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GEOGRAPHICAL ROSTER OF MEMBERS

ALLIED ORGANIZATION OFFICERS

The use of this roster as a general mailing
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1968-1969

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W. Smith Kirk, M. Lamar Dorton, Fred C. Miller, William H. Price,
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James H. Edwards.

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January 1, 1969

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Aycock, Charles B. (2) 6040 The Plaza.....	Charlotte	28205

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Baker, E. D. (4) 402 Ligon Bldg., 800 St. Mary's St.....	Raleigh	27605
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Baker, Thomas P. (1) Box 827.....	Kings Mountain	28086
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Barnes, V. M. (5) Box 1426	Wilson	27893
Barnhill, James H. (1) Box 306	Hickory	28601
Barringer, Martin D. (2)		
Randolph Medical Center, 1928 Randolph Road	Charlotte	28207
Bartis, Nicholas J. (3) 2309 Friendly Road	Greensboro	27403
Barton, Roger E. (3) UNC School of Dentistry	Chapel Hill	27514
Barts, John W., Jr. (2) 315 Randolph Medical Center	Charlotte	28207
Bass, Robert E. (3) 210 Gatewood Ave.	High Point	27260
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Baucom, Thomas A. (2) 5232 Albemarle Road	Charlotte	28212
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Beavers, D. L. (2)		
Bowman Gray School of Medicine	Winston-Salem	27103
Beavers, Franklin C. (2) 3734 Reynolda Road	Winston-Salem	27106
Bebber, James V. (3) 720 Morgan Road	Spray	27352
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Becker, D. H. (1) 704 Flatiron Bldg.	Asheville	28801
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Blackburn, Charles A. (2) 810 O'Hanlon Bldg.	Winston-Salem	27101
Blackman, R. M. (4) Box 424	Selma	27576
Blackman, W. W. (2)		
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Blackwell, Glen E. (2) Box 518	Salisbury	28144
Blair, M. P. (3) Box 348	Siler City	27344
Blair, Thomas L. (2) 736 Nissen Bldg.	Winston-Salem	27101
Blalock, C. A. (4) Box 295	Wendell	27591
Blanchard, Manfred T. (3)		
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Bland, Donald E. (5)	Wallace	28466
Bland, Wilbur B. (3) 101 W. Chestnut St.	Troy	27371
Blankenbeckler, James D. (2)		
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Booe, I. A. (2)	King	27021
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Bowling, Richard K. (1) 820 Fleming St.	Hendersonville	28739
Bowman, James C. (1) 626 Clark Drive	Lincolnton	28092
Boyd, Stanley M. (2) 162 Renfro St.	Mount Airy	27030
Boyette, Edward G. (4) John Umstead Hospital	Butner	27509
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Boyles, J. L. (1) Box 656	Gastonia	28052
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Brake, E. K. (1)	Black Mountain	28711
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Brawley, Boyce A. (2) Box 394	Mooresville	28115
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Bridger, R. L. (3) 207 B Morven Road	Wadesboro	28170
Bridges, Worth T., Jr. (2) Box 444	Mooresville	28115
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Buckland, Michael B. (3) Dept. of Periodontics,		
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Bumgardner, Amos S. (2) 1516 Elizabeth Ave.	Charlotte	28204
Bumgardner, L. Franklin (2) 1516 Elizabeth Ave.	Charlotte	28204
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Burns, William D. (3)		
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Butler, Luther H. (3)		
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Byrd, Worth M. (4) Box 506.....	Sanford	27330

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Cline, Albert P., Jr. (1) Medical Bldg.....	Canton	28716
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Cook, David E. (4) Box 386.....	Tabor City	28463
Cook, Dennis S. (1) 210 Norwood St.....	Lenoir	28645
Cook, Dennis S., Jr. (1) 105 N. Boundary St.....	Lenoir	28645
Cooke, Charles S. (5) Cooke Professional Bldg., 1010 W. Nash St.....	Wilson	27893
Cooley, Julius R. (2) 322 Doctors Bldg., 1012 Kings Drive.....	Charlotte	28207
Corey, Calvin B., Jr. (3) Suite 400 Freeman Bldg., 612 Pasteur Drive.....	Greensboro	27403
Corl, Marshall B. (2) 110 Stockton St.....	Statesville	28677
Cotter, Paul Eric (4) 118 S. Gulf St.....	Sanford	27330
Couch, C. Dean, Jr. (2) 1908 E. 7th St.....	Charlotte	28204
Couch, Jon W. (3) Ingram-Brinson Bldg.....	Asheboro	27203
Courtney, Richard M. (3) UNC School of Dentistry.....	Chapel Hill	27514
Coward, W. M. (3) 2320 Battleground Ave.....	Greensboro	27408
Cox, James L. (5) 208 W. Ash St.....	Goldsboro	27530
Cox, Vernon H. (2) 317 Nissen Bldg.....	Winston-Salem	27101
Cox, William B. (5) 90th Medical Detachment.....	APO New York, N. Y.	09154
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Craig, Joe B. (2) 4300 Park Road.....	Charlotte	28209
Crandell, C. E. (3) UNC School of Dentistry.....	Chapel Hill	27514
Crank, J. Cecil (3) Box 551.....	Wrightsville Beach	28480
Craver, A. W. (2) Box 477.....	Boonville	27011
Crawford, James A. (4) Suite 102, 1300 St. Mary's St.....	Raleigh	27605
Cregar, Daniel U., Jr. (3) 4923 Starmount Drive.....	Greensboro	27410
Crotts, Hylton K. (2) Suite 107 Professional Bldg., 2240 Cloverdale Ave.....	Winston-Salem	27103
Crow, William E. (2) Stratford Medical Center, First at Stratford.....	Winston-Salem	27104
Crowell, J. G. (1) 5th Avenue Clinic.....	Hendersonville	28739
Crumpler, Lyle E. (5) 101 Foye St.....	Rocky Mount	27801
Culbreath, James C., Jr. (2) Forsyth Medical Park.....	Winston-Salem	27103
Culbreth, F. H. (2) Suite 400, 4200 Park Road.....	Charlotte	28209
Culp, Donald D. (2) 6116 Derita Road.....	Charlotte	28213
Cummings, Paul M., Jr. (2) Suite 366, Forsyth Medical Park.....	Winston-Salem	27103
Cunningham, F. S. (1) 675 Biltmore Ave.....	Asheville	28803
Current, A. C., Jr. (1) 224 New Hope Road.....	Gastonia	28052
Current, William A. (1) 224 New Hope Road.....	Gastonia	28052

—D—

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Daniel, Frank H. (2) Doctors Center, 301 Miller St...	Winston-Salem	27103
Daniel, Gary F. (1)		
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Daniel, Robert Lee (3) 1123 S. Main St.....	Reidsville	27320
Daniels, L. M. (3) 139 E. Penn. Ave.....	Southern Pines	28387
Darden, T. H. (3) Box 1322.....	Chapel Hill	27514
Davenport, H. V. (1) 507 N. Center St.....	Hickory	28601
Davenport, William (1) Box 85.....	Spruce Pine	28777
Davis, Edwin B., Jr. (4) Box 386.....	Cary	27511
Davis, Frank W. (1) 15 Hilltop Road.....	Asheville	28803
Davis, Hal A., Jr. (3) 915 Trollinger Road.....	Asheboro	27203
Davis, Joe V., Jr. (2) 171 Spring St., N. W.....	Concord	28025
Davis, Walter H. (1) 3 Doctors Park, 417 Biltmore Ave..	Asheville	28801
Davis, Wilburn A. (1) 204 E. Main St.....	Brevard	28712
Davis, William G. (3) Medical Arts Bldg.....	Chapel Hill	27514
Dawson, I. C. (3) 210 Gatewood Ave.....	High Point	27260
Dearman, J. H. (2) Box 448.....	Statesville	28677
DeHart, V. L. (2).....	Walnut Cove	27052
Deibler, Eugene C. (4) 331 Carthage St.....	Sanford	27330
Delbridge, Matthew G. (5) Best Road.....	Goldsboro	27530
Demary, C. J. (5) New River Clinic.....	Jacksonville	28540
Demeritt, W. W. (3) UNC School of Dentistry.....	Chapel Hill	27514
Denning, John N. (4) 207 S. Third St.....	Smithfield	27577
Dennis, Billy (4) 427 Willowbrook Drive.....	Cary	27511
Devereux, James L. (2) 1630 Mockingbird Lane.....	Charlotte	28209
Dickens, Carl W. (4) 117 S. Brooks St.....	Wake Forest	27587
Dickey, Harry (1).....	Murphy	28906
Dickson, B. A. (1) 26 State St.....	Marion	28752
Diercks, C. C. (1) Box 490.....	Morganton	28655
Diggs, Robert M. (2) 1131 Turnbridge Road.....	Charlotte	28211
Dilday, John S. (3) 1210 111 Corcoran St.....	Durham	27701
Dimsdale, James R. (1) Box 517.....	Bryson City	28713
Ditto, W. M. (3) 2300 Villa Drive.....	Greensboro	27403
Dixon, John H. (2) 1630 Mockingbird Lane.....	Charlotte	28209
Dixon, T. L. (3) Lakewood Shopping Center.....	Durham	27707
Dobson, David P. (3) 1034 Highland Woods.....	Chapel Hill	27514
Dolbee, Earl R., Jr. (1) 312 Commercial Bldg.....	Hendersonville	28739
Dorton, John (3) 1200 Broad St.....	Durham	27705
Dorton, M. Lamar (2) 131 N. Mulberry St.....	Statesville	28677
Drake, Claude W. (3) 113 Maxwell Road.....	Chapel Hill	27514
Draughon, Donald R. (3) 1006 Lamond Ave.....	Durham	27701
Draughon, Wallace R. (3) 1006 Lamond Ave.....	Durham	27701
Dudley, D. W. (1) 20 Lorraine Ave.....	Asheville	28804
Dudney, George G. (4) Division of Dental Health, N. C. State Board of Health.....	Raleigh	27602
Duke, J. F. (5) Box 695.....	Washington	27889
Duncan, Allie H. (2) 222 W. Main St.....	Elkin	28621
Duncan, N. J. (2) 140 Lockland Ave.....	Winston-Salem	27103
Duncan, S. C. (2) 701 Lancaster Ave.....	Monroe	28110
Dunn, John R. (2) 1401 E. Independence Blvd.....	Charlotte	28205
Dupree, Lewis J. (5) 3015 Englewood Drive.....	Kinston	28501
Dupree, Louis J., Jr. (5) 902 W. Vernon Ave.....	Kinston	28501

—E—

Eagle, James C., Jr. (2) Box 225.....	Spencer	28159
Eagles, R. L. (4) 108 Sunset Ave.....	Louisburg	27549
Eaker, Yates H. (1) 25 W. Main St.....	Forest City	28043
Eakes, Spurgeon E. (4) Box 368.....	Franklinton	27525
Earp, Joe T. (4) Box 908.....	Smithfield	27577
Earp, Roy L. (4) 800 St. Mary's St.....	Raleigh	27605

Easley, E. E., 111 Carolina Ave.....	Burlington	27215
Eatman, C. D. (5) 212 Peoples Bank Bldg.....	Rocky Mount	27801
Eatman, E. L. (5) 212 Peoples Bank Bldg.....	Rocky Mount	27801
Eckerd, E. A. (2) 532 N. Main St.....	Mocksville	27028
Edrington, Charles E. (4) 420 W. Main St., Jonesboro Heights.....	Sanford	27330
Edwards, Byard F. (1) 406 W. Warren St.....	Shelby	28150
Edwards, Edgar E. (3) 3412 Onslow Road, Sedgefield.....	Greensboro	27407
Edwards, George L., Jr. (5) 2101 N. Heritage St.....	Kinston	28501
Edwards, Henry A. (5).....	Pink Hill	28572
Edwards, James H. (4) 3137 Essex Circle.....	Raleigh	27608
Edwards, John G. (2) 1923 Randolph Road.....	Charlotte	28207
Edwards, J. R., Jr. (4).....	Fuquay Springs	27526
Edwards, Linus M., Jr. (5) Box 267.....	Manteo	27954
Edwards, W. J. (3) Box 374.....	Siler City	27344
Edwards, Zeno L., Jr. (5) Box 157.....	Washington	27889
Efird, Ira P., Jr. (3) Medical Center, 1309-11 N. Elm St.....	Greensboro	27401
Ehrlich, Karl F. (4) 2516 Fordham Drive.....	Fayetteville	28304
Elliott, James J. (2) 1850 E. Third St.....	Charlotte	28204
Elliott, Marvin L. (1) 5H-2 Doctors Park, Biltmore Ave.....	Asheville	28801
Ellis, Benjamin T. (1) Box 396.....	Grover	28073
Ellis, William W. (3) 1309 Le Clair St.....	Chapel Hill	27514
Ennis, Myron H. (5) Rt. 3, Walnut Creek Estates.....	Goldsboro	27530
Etheridge, James E. (5) 911 Raleigh Road.....	Wilson	27893
Eure, Darden J. (5) 707 Bridges St.....	Morehead City	28557
Eure, Darden J., Jr. (5) 707 Bridges St.....	Morehead City	28557
Evans, Donald C. (2) 3896 N. Independence Blvd.....	Charlotte	28205
Evans, Joseph S., Jr. (4) Box 746.....	Henderson	27536
Evans, Marvin R. (3) Box 267.....	Chapel Hill	27514
Evans, Richard H., Jr. (5) 1902 S. Charles St.....	Greenville	27834
Ezzell, J. W. (2) 205 Cabarrus Bank Bldg.....	Concord	28025
Ezzell, L. L. (1).....	Andrews	28901

—F—

Fair, Ronald E. (1) Box 98.....	Drexel	28619
Fales, A. R. (5) 405 Murchison Bldg.....	Wilmington	28401
Falls, Ralph L. (1) Box 490.....	Morganton	28655
Farmer, Robert L. (3) 3207 E. Bessemer Ave.....	Greensboro	27405
Farrar, Joseph W. (1) Box 490.....	Morganton	28655
Farrior, Stanley M. (5) Box 488.....	Burgaw	28425
Farthing, J. Clopton (2) 1407 Reynolds Bldg.....	Winston-Salem	27101
Faucette, John W. (1) Box 685.....	Swannanoa	28778
Ferro, Edward R. (5) Box 49.....	Ahoskie	27910
Fields, Richard M. (3) Box 336.....	Pleasant Garden	27313
Fields, Wade T. (5) 306 Brothers Acres.....	Elizabeth City	27909
Finch, Robert E. (4) 304 Ligon Bldg., 800 St. Mary's St.....	Raleigh	27605
Finch, S. J. (4) 201 Belle St.....	Oxford	27565
Finch, Walter H., Jr. (4) Box 862.....	Henderson	27536
Finn, James C. (3) 915 N. Elm St.....	Greensboro	27401
Fisher, Julian H. (5) 612 N. Grace St.....	Rocky Mount	27801
Fitzgerald, Paul, Jr. (4) 1300 St. Mary's St.....	Raleigh	27605
Fleming, T. S. (5) Box 1234.....	Tarboro	27886
Floyd, Cleveland W. (1) 418 N. Marietta St.....	Gastonia	28052
Floyd, Daniel J. (4) 603 S. Main St.....	Fairmont	28340
Folger, J. M. (2).....	Dobson	27017
Forbes, M. M. (1) 106 S. Main St.....	Lenoir	28645
Fountain, Stuart B. (3) 306 Burlage Circle.....	Chapel Hill	27514
Foushee, L. M. (3) 1104 E. Willow Brook Drive.....	Burlington	27215
Foust, James A., Jr. (3).....	Mebane	27302
Fowler, Harold D., Jr. (2) Drawer 512.....	Mount Airy	27030
Fowler, William F. (2) Box 457.....	King	27021

Fox, Burke W. (2)		
202 Cole Bldg., 207 Hawthorne Lane.	Charlotte	28204
Fox, N. D. (2) 1656 Reynolda Road.	Winston-Salem	27104
Fox, Robert D. (2) 674 Forsyth Medical Park	Winston-Salem	27106
Fox, Robert M. (3) Route 2	Summerfield	27358
Franklin, A. J. (2) 3616 Michigan Ave.	Charlotte	28205
Fraser, John E. (5) 507 Princess St.	Wilmington	28401
Freedland, J. B. (2) 724 Doctors Bldg., 1012 Kings Drive	Charlotte	28207
Freeman, Robert S. (5) U. S. Army Dental Unit	Ft. Benning, Ga.	31905
Freshwater, David H. (5) Medical Arts Bldg.	Morehead City	28557
Freund, O. J. (2) 140 Lockland Ave.	Winston-Salem	27103
Fritz, C. B. (1) Bernard Bldg.	Hickory	28601
Fritz, John R. (1) Bernard Bldg.	Hickory	28601
Froneberger, H. D. (1) 155 S. York St.	Gastonia	28052
Frost, J. S. (3) 130 Union Ave.	Burlington	27215
Frye, D. G., Jr. (1) 24 Second Ave., N.E.	Hickory	28601
Fuerst, Herbert (5) Ricks Bldg.	Rocky Mount	27801
Funderburk, Ervin M. (2) 1012 Kings Drive	Charlotte	28207
Furr, Curtis E. (2) 97 Lecline Drive, N.E.	Concord	28025
Furr, James E. (5) 2138 Oleander Drive	Wilmington	28401
Furr, Walter E. (1) 59 Georgia Road	Franklin	28734

—G—

Gaines, Roy E. (4) 2013 Clark Ave.	Raleigh	27605
Gainey, Robert H. (4) 2207 Bragg Blvd.	Fayetteville	28303
Gaither, F. Glen (2) 131 N. Mulberry St.	Statesville	28677
Galarde, A. J. (2) 1804 E. 4th St.	Charlotte	28204
Garber, M. R. (3) 719 Avondale Ave.	Albemarle	28001
Garren, Robert D. (1) 5-D Doctors Park	Asheville	28801
Garrett, Thomas B. (3) 302 Lindsay St.	High Point	27260
Garriott, Rosebud Morse (2) Box 68	East Bend	27018
Garrison, N. W. (3) 1617 Memorial Drive	Burlington	27215
Garriss, Marcus A. (5) Box 186	Weldon	27890
Gaskins, R. Hogan, Jr. (5) 615 College St.	Jacksonville	28540
Gay, S. P. (3) 1219 Magnolia St.	Greensboro	27401
George, Robert A. (2) Box 1248	Mount Airy	27020
Georgiade, N. G. (3) Duke Hospital	Durham	27706
Gerdes, C. Don (1) 412 Doctors Bldg.	Asheville	28801
Getsinger, Duncan M. (3) 1408 Duke Univ. Road	Durham	27701
Gibson, James R., Jr. (2) Secrest Bldg.	Monroe	28110
Gibson, Jesse C. (4) Box 308	Rowland	28383
Gibson, Sam B. (3) 210 Gatewood Ave.	High Point	27260
Gilbert, Robert H. (5) 2101 N. Heritage St.	Kinston	28501
Gilbert, William B., Jr. (5) 700 Eighth St.	New Bern	28560
Gilliam, F. E. (3) Box 448	Burlington	27215
Girard, John W., Jr. (1)		
2 Doctors Park, 470 Biltmore Ave.	Asheville	28801
Glenn, Edmond T. (1)	Boone	28607
Godwin, Charles P. (5) Box 294	Rocky Mount	27801
Goldwasser, J. M. (5)		
H. L. Green Bldg., 106½ W. North St.	Kinston	28501
Gollobin, Arthur (5) Box 163	Elizabeth City	27909
Gooding, Carnie C. (5) Box 478	Havelock	28532
Gooding, Herbert W. (5) 1001 W. Third St.	Ayden	28513
Goodman, Alvin S. (2) Suite 320 Providence Medical Center,		
1850 E. Third St.	Charlotte	28204
Goodwin, C. J. (4) 320 Valley Road	Fayetteville	28305
Goodwin, Charles J. (1) 1622 N. Center St.	Hickory	28601
Goodwin, Donald R. (3) 115 N. Fir St.	Siler City	27344
Goodwin, William C., Jr. (5) 5348 Bellefield Road	Norfolk, Va.	23502
Gordon, Alan B. (3)		
766th Medical Detachment	APO New York, N. Y.	09034
Gorman, Richard F. (4) Box 151	Dunn	28334
Graham, C. A. (3) Liberty St.	Ramseur	27316
Graham, C. A., Jr. (3) 120 Liberty St.	Ramseur	27316

Graham, Frank R. (2) 1350 St. Julien St.	Charlotte	28205
Graham, James B. (1) 815 E. King St.	Boone	28607
Graham, James E., Jr. (2) 1350 St. Julien St.	Charlotte	28205
Graham, R. H. (1) Box 607	Lenoir	28645
Grahl, Carol L., Jr. (1) Box 46	Brevard	28712
Grant, Ben P. (1) Box 437	Franklin	28734
Grant, L. C., Jr. (5) Box 427	Jackson	27845
Grant, Robert W. (2) Box 455	Taylorsville	28681
Grantham, Norman B., Jr. (4) 710 Wilkens St.	Smithfield	27577
Gray, Gus W. (3) UNC School of Dentistry	Chapel Hill	27514
Gray, Robert C. (2) Box 396	Mooreville	28115
Gray, W. H., Jr. (5) Martin General Hospital	Williamston	27892
Gregory, Lyman J., Jr. (1) 1092 Hendersonville Road	Asheville	28803
Greiner, Frank L. (3) 2 Pheasant Lane	Willingboro, N. J.	08046
Griffin, Donald C. (2) Pinnix Bldg.	Kernersville	27284
Griffin, Lloyd E. (5) Box 633	Elizabeth City	27909
Griffin, Wallace S. (5) 1011 Miss. Ave.	Fort Pierce, Fla.	33450
Griffin, W. Kimball (3) 209 S. Gregson St.	Durham	27701
Griffith, Charles L. (1) Box 264	Forest City	28043
Grimes, William F. (4) 1926 Ft. Bragg Road	Fayetteville	28303
Grimsley, W. R. (3) 200 Worth St.	Asheboro	27203
Guion, J. Homer (2) 604 Doctors Bldg., 1012 Kings Drive	Charlotte	28207
Gunter, Jerry M. (1) Box 938	Gastonia	28052
Gustafson, Bruce A. (2) 2004 Cloverdale Ave.	Winston-Salem	27103
Gwynn, William H. (1) 201 Medical Arts Bldg.	Hickory	28601

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Haddix, Guy E. (2) 226 Brookdale Drive	Statesville	28677
Hagaman, Robert P. (1) Valdese General Hospital	Valdese	28690
Hagerty, Edward H. (1) Box 428	Belmont	28012
Hair, John S. (4) Box 684	Fayetteville	28302
Hale, G. Fred (4) 402 Ligon Bldg., 800 St. Mary's St.	Raleigh	27605
Hale, J. P. (4) 1304 Ft. Bragg Road	Fayetteville	28305
Hall, David K., Jr. (1) 603 Flatiron Bldg.	Asheville	28801
Hall, Norman C. (3) 441 S. Morgan St.	Roxboro	27573
Hall, Randolph R. (4) 2415 Crabtree Blvd.	Raleigh	27604
Hall, Thomas A., Jr. (3) 5400 Friendly Road	Greensboro	27410
Haltiwanger, George A. (3) 204 E. Franklin St.	Rockingham	28379
Haltiwanger, William L., Jr. (3) 204 E. Franklin St.	Rockingham	28379
Hamer, Thomas M. (2) 415 Professional Bldg.	Charlotte	28202
Hamilton, A. L., Jr. (5) Box 176	Morehead City	28557
Hammond, W. L. (5) 330 Tryon Palace Drive	New Bern	28560
Hamrick, T. Hicks, Jr. (1) Box 248	Henrietta	28076
Hancock, James B. (4) Box 986	Fayetteville	28302
Hand, William L., Jr. (5) Box 335	New Bern	28560
Hardy, John B., Jr. (4) Box 1265	Oxford	27565
Hargrove, Albert W. (4) 603 Professional Bldg.	Raleigh	27601
Hargrove, W. F. (1) 815 Oakland St.	Hendersonville	28739
Harned, Robert J. (3) 809 Summit Ave., P. O. Box 6012	Greensboro	27405
Harrell, Daniel B., Jr. (2) 171 Spring St., N.W.	Concord	28025
Harrell, James A. (2) Box 688	Elkin	28621
Harrell, R. B. (2) Box 688	Elkin	28621
Harrelson, Henry C., Jr. (2) 1300 Scott Ave.	Charlotte	28204
Harrill, C. H. (1) Box 566	Lincolnton	28092
Harris, Archie L. (5) 1502 Princess St.	Wilmington	28401
Harris, Edward F. (2) 4126 Park Road	Charlotte	28209
Harris, Franklin G. (4) Box 188	Sanford	27330
Harris, Guy V. (3) 511 Trust Bldg.	Durham	27701
Harris, Thomas H. (4) Wake County Health Dept.	Raleigh	27602
Hart, Samuel T. (3) Medical Center	High Point	27262
Hart, W. I. (5) Box 397	Edenton	27932
Hartness, John D. (5) Box 708	Rocky Mount	27801

Hartness, J. F. (2)		
454 Villa Grande Ave., South	St. Petersburg, Fla.	33707
Hartness, William R., III (2) Box 306	Elkin	28621
Hartsell, Harold M. (4) 155 Spring St.	Henderson	27536
Harwood, Brooks W. (3) Box 381	Mount Gilead	27306
Hasty, Frederick G. (4) 1611 Owen Drive	Fayetteville	28304
Hatcher, Hubert E. (4) Box 426	Cary	27511
Hatchett, C. Mitchell, Jr. (1) Box 5294	Asheville	28803
Hawkins, Bruce H. (1) Box 786	Mount Holly	28120
Hawkins, Charles B. (4) Box 29	Hendersonville	28739
Hawkins, Ralph O., Jr. (2) Box 458	Denton	27239
Hawkins, Reginald A. (2) 1218 Beatties Ford Road	Charlotte	28208
Haynes, Frank K. (2) 509 Independence Bldg	Charlotte	28202
Haynes, John E. (5) 328 Carolina Bldg.	Elizabeth City	27909
Head, Thomas J., Jr. (5) 3008 Oleander Drive	Wilmington	28401
Healey, Kent W. (3) 301-B Tryon Place	Greensboro	27403
Heath, LeRoy K. (3) 1431 Broad St.	Durham	27705
Hedden, Jessie Moreland (1) Box 69	Highlands	28741
Hedrick, Paul P. (1) Hedrick Bldg	Lenoir	28645
Heeden, W. M., Jr. (5) 106 Lee St.	Goldsboro	27530
Heeseman, Gary, Jr. (2) Suite 308 Randolph Medical Center, 1928 Randolph Road	Charlotte	28207
Hefner, Allen R. (1) Box 367	Hudson	28638
Heinz, J. William (2) 1401 E. Independence Blvd.	Charlotte	28205
Helmers, Gordon B. (3) Town House Apartments, 11-D	Chapel Hill	27514
Helsabeck, C. Robert, Jr. (2) Box 38	Rural Hall	27045
Helsabeck, W. J. (2) Box 425	King	27021
Hendren, Otis F. (1) Dixie Village Center	Gastonia	28052
Hendricks, Frank E. (1) Box 116	Waynesville	28786
Henshaw, William R. (1) 207 Lee St.	Shelby	28150
Henson, David E. (1) 202 Nantahala Bldg	Franklin	28734
Henson, Donald L. (5) Box 1042	Kinston	28501
Henson, J. L. (3) 1107 W. Friendly Ave.	Greensboro	27401
Herman, Ralph E. (2)	Taylorsville	28681
Herndon, Claude H. (3) 100 Main St.	Jamestown	27282
Herren, James M. (1) 726 Fifth Ave., West	Hendersonville	28739
Herrin, Hermon K. (1) 1202 Fairfield Drive	Gastonia	28052
Herring, W. I. (4) Box 736	Clinton	28328
Hesmer, T. C., Jr. (5) 1010 W. Nash St.	Wilson	27893
Hester, Elliott M. (3) 624 Quaker Lane	High Point	27262
Hiatt, Max R. (2) Box 544	Mount Airy	27030
Higley, L. B. (3) 408 Estes Drive	Chapel Hill	27514
Hill, Brian P. (2) 702 Doctors Bldg., 1012 Kings Drive	Charlotte	28207
Hill, Douglas G. (5) 208 Glenwood Ave.	Kinston	28501
Hill, J. N., Jr. (1) 412 Hiwassee St.	Murphy	28906
Hines, Richard N., Jr. (5) 437 S. Broad St.	Edenton	27932
Hinkle, David R. (2) 1182 W. Fourth St.	Winston-Salem	27101
Hinnant, R. Willard (5) 4 Colonial Square, W. Ash St.	Goldsboro	27530
Hinson, Thomas R. (3) Box 1143	Burlington	27215
Hinson, Wade A. (2) Weaver Bldg., 1917 W. Innes St.	Salisbury	28144
Hinson, William P., Jr. (3) High Point Medical Center	High Point	27262
Hoard, J. S., III (5) 2000 A Fairview Circle	Tarboro	27886
Hodges, Johnnie D. (5) 1401 Medical Center Drive	Wilmington	28401
Hodgin, O. R. (2) Box 366	Thomasville	27360
Hoffler, William H., Jr. (2)		
2125 New Walkertown Road	Winston-Salem	27101
Hoffman, Milo J. (2) 1600 E. Fifth St.	Charlotte	28204
Hoffman, Robert R. (1) 808 Flatiron Bldg.	Asheville	28801
Holland, Gene A. (3) UNC School of Dentistry	Chapel Hill	27514
Holland, J. M. (2) Box 348	Statesville	28677
Holland, Murry W. (3) Chase Ave.	Chapel Hill	27514
Holliday, R. H. (2) Box 849	Thomasville	27360
Hollis, Robert H. (5) 412 Murchison Bldg.	Wilmington	28401
Holly, Norman J. (1) 1000 Highland Ave.	Hendersonville	28739
Holmes, C. Ray (3) 5400 Friendly Road	Greensboro	27410
Holmes, Robert W. (1) 950 Tunnel Road	Asheville	28805

Holshouser, L. C. (2) Box 535.....	Rockwell	28138
Holt, Harold M. (3) Box 20905.....	Greensboro	27420
Holt, Leonidas C. (3) 2234 Golden Gate Drive.....	Greensboro	27405
Holt, William E. (1) Box 455.....	Conover	28613
Holzbach, Richard L. (4) 2207 Bragg Blvd.....	Fayetteville	28303
Homes, Garland R. (5) 234 W. Main St.....	Washington	27889
Honeycutt, Wallace B. (2) Box 89.....	Statesville	28677
Hood, J. Sidney (2) 903 E. Center St.....	Lexington	27292
Hook, Brevitt (3) S. Fifth St.....	Mebane	27302
Hooks, Oscar (5) 115 Whitehead Ave.....	Wilson	27893
Hooper, Glenn L. (4) Box 151.....	Dunn	28334
Hoover, Charles W. (2) 21 E. Center St.....	Lexington	27292
Hoover, Dan C. (2) 709-10 Baugh Bldg., 112 S. Tryon St.....	Charlotte	28202
Hoover, R. G. (2) 1529 Elizabeth Ave.....	Charlotte	28204
Hopkins, Edmund B. (2) 238 Nissen Bldg.....	Winston-Salem	27101
Hord, Dwight B. (1).....	Lawndale	28090
Hord, D. F. (1) Box 248.....	Kings Mountain	28086
Hornthal, Allen L. (5) Mitchener Village.....	Edenton	27932
Horton, C. W. (3) 206 Church Ave.....	High Point	27260
Horton, Johnnie H. (5) Box 466.....	Edenton	27932
Horton, Leland C. (4) Box 67.....	Wendell	27591
Horton, R. L. (4) Box 746.....	Wendell	27591
Horton, Thomas J. (5) Box 168.....	Farmville	27828
Horwitz, Burton A. (4) Suite 105, 1300 St. Marys St.....	Raleigh	27605
Houser, James B., III (2) 401 Doctors Bldg., 1012 Kings Drive.....	Charlotte	28207
Houston, Ben H. (5) Box 1332.....	Goldsboro	27530
Howdy, Frederick H. (5) Cor. 11th & Brown Sts.....	Washington	27889
Howell, A. E. (2) Box 265.....	Spencer	28159
Howell, James B. (3) 917 N. Elm St.....	Greensboro	27401
Howell, W. C., Jr. (3) 106 Albemarle St.....	Durham	27701
Hoyle, Frank W. (1) 675 Biltmore Ave.....	Asheville	28803
Hoyle, Wilson S., II (4) Box 262.....	Henderson	27536
Hudson, Smith R. (2) 505 E. Main St.....	Wilkesboro	28697
Hughes, Charles W. (3) Box 7.....	Roxboro	27573
Hughes, John T. (3) Box 237.....	Pittsboro	27312
Hulin, James F. (4) Box 1128.....	Sanford	27330
Hull, P. C., Jr. (2) 601 Doctors Bldg.....	Charlotte	28207
Hull, Robert H. (2) 1000 Queens Road.....	Charlotte	28207
Hundley, Deane, III (3) Town Center Bldg.....	Southern Pines	28387
Hunsucker, Hugh (3) 100 Fisher Park Circle.....	Greensboro	27401
Hunt, John J. (1).....	Cliffside	28024
Hunt, Joseph T. (4) 519 S. Chestnut St.....	Henderson	27536
Hunt, Richard F., Jr. (5) 420 Hickory St.....	Rocky Mount	27801
Hunter, Barrett M. (3) 5351 Wyngate Drive.....	Norfolk, Va.	23502
Hunter, Grover C. (3) UNC School of Dentistry.....	Chapel Hill	27514
Hunter, M. Ray (3) 1011 Madison Ave.....	Greensboro	27401
Hunter, R. S. (4) 800 St. Mary's St.....	Raleigh	27605
Hunter, Thomas M. (4) 401 Professional Bldg.....	Henderson	27536
Hurt, Alfred D., Jr. (2) 203 W. Jefferson St.....	Monroe	28110
Hussey, T. E. (3) Box 258.....	Star	27356

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Icenhower, E. C. (1).....	Granite Falls	28630
Inscoc, Ashby G. (5) Box 427.....	Spring Hope	27882
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Isenhower, Samuel H. (1) Box 307.....	Newton	28658

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Children's Hospital, 300 Longwood Ave.	Boston, Mass.	02115
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Johnson, Charles E., II (5) Water St.	Belhaven	27810
Johnson, Clemuel M. (4) Box 487	Elizabethtown	28337
Johnson, G. Terry (2) Box 98	Sparta	28675
Johnson, James B. (2) Doctors Clinic, Freedom Village	Charlotte	28210
Johnson, Joseph M. (4) 426 King St.	Laurinburg	28352
Johnson, Kenneth L. (4)		
302 Alexander Bldg., 133 Fayetteville St.	Raleigh	27601
Johnson, M. L. (4) Box 819	Whiteville	28472
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Johnson, T. George, Jr. (1) Western Carolina Center	Morganton	28655
Johnson, W. Harrell (3) Box 307	Southern Pines	28387
Johnston, Ben M. (3) Box 528	Graham	27253
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Jones, Clifford B., Jr. (5) 407 S. Road St.	Elizabeth City	27909
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Jones, E. D. (1) Jefferson Ave.	West Jefferson	28694
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Jones, Paul E. (5) Box 6	Farmville	27828
Jones, Rufus S. (4)	Warrenton	27589
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Keith, Preston W. (3) 2601-C Oakcrest Ave.	Greensboro	27408
Keith, William C. (4) Box 565	Elizabethtown	28337
Kelley, Wesley E. (4) A Building,		
Glenwood Professional Village	Raleigh	27608
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Kendrick, Vaiden B. (2)		
822 Doctors Bldg., 1012 Kings Drive	Charlotte	28207
Kennedy, K. Carroll (3)		
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Kennerly, Robert B. (1) 609 Public Service Bldg.	Asheville	28801
Ketcham, William S. (5) Box D, 15 Ruth St.	Jacksonville	28540
Ketner, Bruce A. (2) Ketner Center	Salisbury	28144
Kidd, William E. (5) Box 404	Washington	27889
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Kilpatrick, Ralph E. (3) 815 Worth St.	Asheboro	27203
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Kirk, Frank W. (2) 200 S. Jackson St.	Salisbury	28144
Kirk, W. Smith (2) 1819 Brenner Ave.	Salisbury	28144
Kirkendol, E. C. (2) 1200 The Plaza	Charlotte	28205
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Kiser, John D., Jr. (2) 6851 Tom Thumb Drive	Jacksonville, Fla.	32210
Kiser, Winford J. (3) 203 Boulevard	High Point	27262
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Kistler, C. D. (3) Box 575	Randleman	27317
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Kluttz, Robert F. (2)	Landis	28088
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Kyles, C. Paul (1) Box 126	Maiden	28650

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Landau, Lad, II (3) Freeman Bldg., 612 Pasteur Drive	Greensboro	27403
Large, Nelson D. (2) VA Hospital	Richmond, Va.	23225
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Lauten, J. J. (3) 605 Walter Reed Drive	Greensboro	27403
Lawrence, Eugene W., Jr. (1) 202 Nantahala Bldg.	Franklin	28734
Lawrence, Jack D. (1) Appalachian Theatre Bldg.	Boone	28607
Lazenby, Glenn A., Jr. (3) 1304 Broad St.	Durham	27705
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Lee, Douglas D. (4) 504 First Union Bank Bldg.	Fayetteville	28301
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Lee, John G. (2) Box 227	Boonville	27011
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Lee, William G. (4) 312 S. Third St.	Smithfield	27577
Lee, William J. (4) Ridgewood Shopping Center	Raleigh	27607
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Lineberry, Donald E. (3) 711 Dogwood Lane	Guilford College	27410
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Long, Herbert S. (3) Box 246.....	Graham	27253
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Long, Robert E. (3) Box 326.....	Roxboro	27573
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Lupton, Cecil R. (3) UNC School of Dentistry.....	Chapel Hill	27514
Lutz, Gerald W. (1) Box 138.....	Fallston	28042
Lyerly, Alan R. (1) Box 556.....	Hildebran	28637
Lynch, William G. (2) 162 Forsyth Medical Park.....	Winston-Salem	27103

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McCall, C. W. (1) Box 846.....	Tryon	28782
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McDaniel, W. J. (1).....	Rutherfordton	28139
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McGhee, James G. (2) Medical Arts Bldg., 400 Randolph St.....	Thomasville	27360
McGowan, Donald J. (2) 201 Greenwich Road.....	Charlotte	28211
McGrath, Frank B., Jr. (4) Box 790.....	Lumberton	28358
McGuire, Alice Patsy (1) Box 501.....	Sylva	28779
McGuire, Daisy Z. (1) 20 Main St.....	Sylva	28779
McGuire, Harold S. (1) Box 501.....	Sylva	28779
McGuire, W. P. (1).....	Sylva	28779
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McIntosh, James N. (5) 81st Tactical Hospital.....	APO New York, N. Y.	09755
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Martin, John W. (4) Hancock Bldg.....	Oxford	27565
Martin, W. T. (4) 303 Professional Bldg.....	Raleigh	27601
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Massey, S. H., Jr. (4) Box 157.....	Warrenton	27589
Massey, Zyba K. (4) Box 252.....	Zebulon	27597
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Medford, Phil McR. (1) Box 156.....	Waynesville	28786
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Morris, Ernest C. (2) 1519 Elizabeth Ave.....	Charlotte	28204
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Moser, S. E. (1) Box 1123.....	Gastonia	28052
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Moses, Joseph M. (1) 25 Myrtle St.....	Belmont	28012
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Nicholson, J. H. (2) Box 89.....	Statesville	28677
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Patterson, Henry B. (2) 117 Seneca Place.....	Charlotte	28210
Patterson, R. M. (2) Box 544.....	Concord	28025
Pattishall, F. D. (2) 6008 Bismark Place.....	Charlotte	28211
Payne, J. M. (4) Box 65.....	Clayton	27520
Peake, Dean R. (1) Oak Ave.....	Spruce Pine	28777
Pearce, J. A. (4) 2015 Clark Ave.....	Raleigh	27605
Pearce, O. R., Jr. (5) 1005 E. Fourth St.....	Greenville	27834
Pearson, Charles H. (2)		
Hyde Park, R.F.D. 9, Box 331 F.....	Charlotte	28208
Pearson, E. A., Jr. (4) 2628 Dover Road.....	Raleigh	27608
Pearson, Paul L. (4) Olive Chapel Road.....	Apex	27502
Peck, Robert B. (5) 733 Franklin St.....	Roanoke Rapids	27870
Peeler, L. B. (2)		
606 Doctors Bldg., 1012 Kings Drive.....	Charlotte	28207
Peery, W. Stewart (2)		
324 Doctors Bldg., 1012 Kings Drive.....	Charlotte	28207
Pegg, Fred N. (2) Box 204.....	Kernersville	27284
Pennell, William T. (1) 705 Flatiron Bldg.....	Asheville	28801
Penny, Glenn R. (1) Laurel Motel.....	Boone	28607

Peppers, James F. (1) 617 Sixth St. Ext.	Marion	28752
Perdue, H. L. (3) Box 1547	Burlington	27215
Perdue, Phillip S. (1) Box 95	Banner Elk	28604
Perlin, Mark N. (2) 121 Greenwich Road	Charlotte	28211
Perry, T. Edwin (4) 1321 Oberlin Road	Raleigh	27608
Petersen, S. D., Jr. (2) 1012 Kings Drive	Charlotte	28207
Petree, R. E. (2) 2020 Lombardy Circle	Charlotte	28203
Pharr, John R. (2) 1556 Stanford Place	Charlotte	28207
Phillips, Guy McDonald (2) 281 Canterbury Trail	Winston-Salem	27104
Phillips, Kenneth R. (2) Suite 170, Forsyth Medical Park	Winston-Salem	27103
Pierce, T. Carlton (3) 5004 Hampton Road	Durham	27707
Pigford, Guy E. (5) 2906 Wayne Drive	Wilmington	28401
Plaster, Harold E. (1) Box 1051	Shelby	28150
Plaster, Hubert S. (1) Box 1606	Shelby	28150
Pleasants, Marvin (4) Drawer 467	Louisburg	27549
Pleasants, Riley C., Jr. (4) 389 Pelican Drive	Groton, Conn.	06340
Pless, C. A. (1) Suite 120-W Doctors Bldg., Doctors Drive	Asheville	28801
Pless, Cecil A., Jr. (1) Suite 120-W Doctors Bldg., Doctors Drive	Asheville	28801
Poindexter, C. C. (3) 314 Jefferson Bldg.	Greensboro	27401
Poindexter, Claibourne W. (3) 309 E. Wendover Ave.	Greensboro	27401
Polk, Robert M., Jr. (4) Peden St.	Laurinburg	28352
Poole, Robert H., Jr. (2) Suite 400, 4200 Park Road	Charlotte	28209
Poole, S. D. (5) Box 203	Goldsboro	27530
Poovey, Auburn L. (1) 335 Fourth St., N. W.	Hickory	28601
Poovey, James N. (1) 216 Second St., N. W.	Hickory	28601
Pope, E. F. (1) Box 188	Hendersonville	28739
Port, Forest Chester (1)	Fletcher	28732
Porter, W. Joseph (2) Suite 315 Randolph Medical Center, 1928 Randolph Road	Charlotte	28207
Povlich, John F., III (4) 5261 Six Forks Road	Raleigh	27609
Powell, J. B. (4) Box 756	Clinton	28328
Powell, William H. (1) Hair Bldg., Park St.	Canton	28716
Prevost, William S., Jr. (1) 711 Balsam Rd.	Hazelwood	28738
Price, A. Dwight (3) 206-208 Lennox Bldg.	Chapel Hill	27514
Price, James L., Jr. (1) 270 Third Ave., N.W.	Hickory	28601
Price, William H. (2) 501 N. Main St.	Monroe	28110
Pridgen, Edward N. (4) 115 Bow St.	Fayetteville	28301
Privette, James A. (5) Kinston Professional Center, 2201 N. Heritage St.	Kinston	28501
Pruett, J. E. (1)	Bessemer City	28016
Pruett, L. Doyle (2) Box 918	Elkin	28621
Prugh, John L. (1) Bryant Bldg., E. Main St.	Brevard	28712
Pruitt, Charles C., Jr. (4) U. S. Naval Station, Box 2	FPO Seattle, Wash.	98790
Pruitt, James F. (4) 105 College St.	Oxford	27565
Purvis, P. C. (4) 304 Iona St.	Fairmont	28340

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Qualls, Dixon L. (1) 62 Crowell Road	Enka	28728
Quarles, William G. (1) Akers Center	Gastonia	28052
Quigg, Joseph F. (4) 119 Bradford Ave.	Fayetteville	28301
Quinn, Galen W. (3) Duke Medical Center	Durham	27706

—R—

Ralls, Marion L., Jr. (3) 3200 Friendly Road	Greensboro	27408
Ralph, W. T. (5)	Belhaven	27810
Ramos, Frank M. (3) 509 S. Duke St.	Durham	27701
Ramsey, Arthur M. (1) Box 306	Marshall	28753
Rankin, W. W. (4) 406 Professional Bldg.	Raleigh	27601
Ransom, Robert K. (1)	Burnsville	28714

Rasberry, William E. (5) Box 278.....	Grifton	28530
Ratton, Thomas G. (2) 27 E. Center St.....	Lexington	27292
Ray, A. Graham (3) Edgeworth Bldg.....	Greensboro	27401
Ray, Kenneth M. (1) 569 Merrimon Ave.....	Asheville	28804
Ray, Moses A. (5) Box 626.....	Tarboro	27886
Raymer, J. L. (1) Box 1297.....	Shelby	28150
Raynor, Bobby C. (4) Box 365.....	Garner	27529
Reap, Charles A., Jr. (3) Box 1307.....	Chapel Hill	27514
Reece, J. P. (2) Box 544.....	Concord	28025
Reed, Charles B. (2) 6120 Idlebrook Drive.....	Charlotte	28212
Reese, Gene L. (1) Box 271.....	Boone	28607
Reeves, Horace P., Jr. (2) 225 N. Torrence St.....	Charlotte	28204
Reeves, James D. (1) 14 McGeachy Bldg.....	Asheville	28803
Rehm, Jerome G. (2) Suite 902, 1012 Kings Drive.....	Charlotte	28207
Reich, E. H. (2) 2100 Old Lexington Road.....	Winston-Salem	27107
Reid, Thomas B., Jr. (5) 617 College St.....	Jacksonville	28540
Renfrow, R. R. (4) 1304 Ft. Bragg Road.....	Fayetteville	28305
Reynolds, John A. S. (2) 922 Doctors Bldg., 1012 Kings Drive.....	Charlotte	28207
Rhyne, Howard S. (1) 211 W. Main Ave.....	Gastonia	28052
Rich, C. F. (1) 518 Flatiron Bldg.....	Asheville	28801
Richardson, Maurice B. (3) Box 1017.....	Albemarle	28001
Richardson, R. E. (3) 403 Westwood Drive.....	Chapel Hill	27514
Riddle, A. C., Jr. (1) 30 Victoria Rd.....	Asheville	28801
Riddle, William F. (2) 1415 W. First St.....	Winston-Salem	27104
Ridenhour, C. E. (2) Carolina Bldg.....	Kannapolis	28081
Rider, Ernest A. (2) 6153 Page St.....	Charlotte	28211
Ridout, H. Wayne (5) Parkwood Shopping Center.....	Wilson	28793
Riggs, A. F. (5) Box 271.....	Elizabeth City	27909
Roberson, Joe B. (1) 1087 Hendersonville Road.....	Asheville	28803
Roberson, Robert W. (4) 201 Medical Arts Bldg., 907 Hay St.....	Fayetteville	28305
Roberson, Theodore M. (3) UNC School of Dentistry.....	Chapel Hill	27514
Roberts, C. E. (4).....	Dunn	28334
Roberts, David A. (3) 112 W. Main St.....	Gibsonville	27249
Roberts, J. Ernest (3) Medical Village.....	Burlington	27215
Roberts, Pearce, Jr. (1) Suite 410 Doctors Bldg.....	Asheville	28801
Robinson, Charles F. (2) 3901 Independence Blvd.....	Charlotte	28205
Robinson, Ernest L. (4) Box 1146.....	Lumberton	28358
Rodgers, James F. (2) Box 182.....	Statesville	28677
Roe, Jere E. (4) Suite 106 Doctors Bldg., 1300 St. Mary's St.....	Raleigh	27605
Rogers, E. Kent, III (1) 950 Tunnel Road.....	Asheville	28805
Rogers, Harding W., Jr. (2) Professional Bldg., 511 E. Statesville Ave.....	Mooresville	28115
Rogers, John T. (2) Freedom Village.....	Charlotte	28208
Rogers, Julian R. (3) 1114 Grove St.....	Greensboro	27403
Rogers, Russell J., Jr. (2) Box 397.....	Matthews	28105
Rose, Junius H., Jr. (5) 2101 N. Heritage St.....	Kinston	28501
Roseman, Irvin A. (5) 464th Medical Detachment (D S).....	APO New York, N. Y.	09067
Rosemond, Julian B. (5) Box 574.....	Wilson	27893
Rosenbaum, Jerry H. (3) UNC School of Dentistry.....	Chapel Hill	27514
Ross, Grady L. (2) 1908 E. 7th St.....	Charlotte	28204
Ross, Heywood (2) 219 Elmhurst Road.....	Charlotte	28209
Ross, Ledyard E. (5) 602 E. 10th St.....	Greenville	27834
Ross, Norman F. (3) Box 3806, Duke Medical Center.....	Durham	27706
Ross, Thurman J. (3) 910 Green St.....	Durham	27701
Rowe, O. D. (1) Box 649.....	Marion	28752
Rudder, William L. (5) Box 28.....	Beaufort	28516
Russ, Bobby M. (5) 413 Murchison Bldg.....	Wilmington	28401

Sager, Robert H. (4)		
Hart Bldg., Glenwood Professional Village	Raleigh	27608
Sain, H. T. (1) Drawer 650	Morganton	28655
Sams, Roy B. (1) Box 372	Mars Hill	28754
Samuel, Michael D. (3) 320 Westwood Ave	High Point	27262
Sanders, Cleon W. (4) Box 368	Benson	27504
Sanders, Paul D. (4) 5324 Williamsburg Drive	Fayetteville	28304
Sanders, Phil S. (5) 2101 N. Heritage St.	Kinston	28501
Sapp, Baxter B., Jr. (3) Box 3806, Duke Medical Center	Durham	27706
Sapp, Hubert B. (2) 57 E. Cliff Drive	Concord	28025
Sappington, Roy R., Jr. (4) 1111 Clarendon St.	Fayetteville	28305
Saunders, W. L. (3) 1011 Madison Ave.	Greensboro	27401
Scherer, Richard F. (2)		
Suite 187 Professional Bldg.	Winston-Salem	27103
Schiebel, E. C. (2) Box 978	Elkin	28621
Schmucker, Ralph (2) 801 Liberty Life Bldg.	Charlotte	28202
Schneider, John J. (1) Dental Officer,		
US Navy Disciplinary Command	Portsmouth, N. H.	03801
Schneider, N. J. (3) 3551 N. Glen Arm Road	Indianapolis, Ind.	46224
Schneider, William G. (4)		
Ridgewood Medical Bldg., 3518 Wade Ave.	Raleigh	27607
Scott, Ludwig G. (3) 713 Memorial Drive	Burlington	27215
Sears, T. H., Jr. (3) Route No. 2	McLeansville	27301
Seifert, D. W., Jr. (4) York Bldg., 2016 Cameron St.	Raleigh	27605
Seitter, D. B., Jr. (5) 1 North 16th St.	Wilmington	28401
Self, Fred L. (1) Box 127	Lincolnton	28092
Self, Isaac R. (1) Box 127	Lincolnton	28092
Sessoms, W. W. (3) 1011 W. Friendly Ave.	Greensboro	27401
Shaffer, S. W. (3) 421-4 Southeastern Bldg.	Greensboro	27401
Shankle, Robert J. (3) UNC School of Dentistry	Chapel Hill	27514
Shapiro, Eugene N. (1) 48 Battery Park Ave.	Asheville	28801
Shaw, Frederick C. (1) Box 693	Lenoir	28645
Sheffield, Neal (3) 304 Dixie Bldg.	Greensboro	27401
Sheffield, Neal, Jr. (3) 1610 Colonial Ave.	Greensboro	27408
Shell, John H. (1) Route 1, Box 164	Valdese	28690
Shelton, Clavis O. (2) Box 57	Walnut Cove	27052
Shelton, Vader, Jr. (1) Box 698	Drexel	28619
Sherman, Clarendon F. (2) Box 325	Granite Quarry	28072
Sherrill, Claude A., Jr. (1) Suite 16-W Doctors Bldg.	Asheville	28801
Sherrill, Luby T., Jr. (2)		
Mecklenburg Co. Health Dept., 1200 Blythe Blvd.	Charlotte	28203
Sherwood, William J. (4) 2512 Fairview Road	Raleigh	27606
Shoffner, Clarence L. (5) Box 266	Weldon	27890
Sholar, Norman P. (2) Box 180	Mooreville	28115
Short, L. H. (2) 303 Doctors Bldg., 1012 Kings Drive	Charlotte	28207
Shoulars, H. Wilson, Jr. (3) Dept. of Periodontics,		
UNC School of Dentistry	Chapel Hill	27514
Simmon, James W. (3) 1601 Cornwallis Drive	Greensboro	27408
Sikes, T. E. (3) 1011 Madison Ave.	Greensboro	27401
Sikes, T. Edgar, Jr. (3) 1100 Olive St.	Greensboro	27401
Silvers, Jack E. (5) 8 Colonial Square	Goldsboro	27530
Simendinger, William H., Jr. (2) 5850 Lansing Drive	Charlotte	28211
Simkins, George C. (3) 500 S. Benbow Road	Greensboro	27401
Simpson, David H. (1) 406 S. Chester St.	Gastonia	28052
Slack, James B. (5) Box 107	Pinetops	27864
Slaughter, F. C. (2) 201-05 Professional Bldg.	Kannapolis	28081
Sloop, W. M. (1) Box 258	Crossnore	28616
Slott, E. F. (3) Medical Village, Vaughn Road	Burlington	27215
Sluder, Troy B., Jr. (3) 2109 N. Lake Shore Drive	Chapel Hill	27514
Smiley, Gary R. (3)		
Dept. of Orthodontics, UNC School of Dentistry	Chapel Hill	27514
Smith, Amos H. (2) Box 242	Lexington	27292
Smith, Alton L., Jr. (4) Dorothea Dix Hospital	Raleigh	27602
Smith, Clayton B., Jr. (5) 2408 Doctors Circle	Wilmington	28401
Smith, Everett L. (4) 820 Professional Bldg.	Raleigh	27601

Smith, Fred J. (2) 774 Forsyth Medical Park.....	Winston-Salem	27103
Smith, Grover W. (5) Kinston Clinic.....	Kinston	28501
Smith, James H. (5) 703 Murchison Bldg.....	Wilmington	28401
Smith, James R. (2) Route No. 3.....	Waxhaw	28173
Smith, John Watson, Jr. (3) Box 647.....	Pinehurst	28374
Smith, Junius C. (5) 502 Murchison Bldg.....	Wilmington	28401
Smith, Lynn H. (3) 106 E. Northwood St.....	Greensboro	27401
Smith, Marcus R. (4) Box 637.....	Raeford	28376
Smith, Newton (4) 1900 Bragg Blvd.....	Fayetteville	28303
Smith, Ray H. (1) Box 155.....	Cherryville	28021
Smith, Robert L. (3) Box 287.....	Albemarle	28001
Smith, Samuel I. (5) 1048 E. Tenth St.....	Roanoke Rapids	27870
Smith, Thomas A. (2) 140 Lockland Ave.....	Winston-Salem	27103
Smith, Vonnice B. (4)		
3121 Glenwood Professional Village.....	Raleigh	27608
Smithson, T. W. (5) 205 Forest Hill Ave.....	Rocky Mount	27801
Sneed, Thomas Q., Jr. (4) Hancock Bldg.....	Oxford	27565
Snider, William H. (2) 109 Fifth St.....	Spencer	28159
Snoderly, Robert M. (1) Route No. 4, Box 23.....	Waynesville	28786
Snyder, Harry G. (2) Central Piedmont Community College, 1141 Elizabeth Ave.....	Charlotte	28204
Snyder, Jerald M. (1) 408 E. Main St.....	Old Fort	28762
Snyder, Kenneth Ray (2) 21 Clemmonsville Road.....	Winston-Salem	27107
Sockwell, C. L. (3) UNC School of Dentistry.....	Chapel Hill	27514
Solomon, Marshall H. (3) 1001 N. Elm St.....	Greensboro	27401
Southard, F. J. (2) 101½ S. Main St.....	Kernersville	27284
Southworth, J. D. (3) 1219 Magnolia St.....	Greensboro	27401
Sowers, Jerry W. (1) Villa Park Shopping Center.....	Conover	28613
Sowers, Wade A. (2) Court Square.....	Lexington	27292
Sowter, John B. (3) UNC School of Dentistry.....	Chapel Hill	27514
Spear, Herbert (5) Box 615.....	Kinston	28501
Spence, W. M. (5) 506 N. Road St.....	Elizabeth City	27909
Spencer, John R. (2) 820 W. Henderson St.....	Salisbury	28144
Spencer, William R. (4).....	Wake Forest	27587
Spillman, J. Harry (2) 140 Lockland Ave.....	Winston-Salem	27103
Spoon, Riley E., Jr. (2)		
Suite 203 Professional Bldg., Cloverdale Ave.....	Winston-Salem	27103
Springer, Dennis H. (2)		
824 Doctors Bldg., 1012 Kings Drive.....	Charlotte	28207
Sproul, J. Fred (5)		
Dental Department, Wayne Community College.....	Goldsboro	27530
Spurlin, Max L. (1) 102 Brown Ave.....	Hazelwood	28738
Stallings, June H., Jr. (3)		
900 Broad St., Corner Green & Broad.....	Durham	27705
Stallings, Riley S., Jr. (3) 111 Corcoran St.....	Durham	27701
Stamper, Clifford M. (1) Box 187.....	Morganton	28655
Stanford, A. R. (3) 404 Guilford Bank Bldg.....	Greensboro	27401
Stanley, Lloyd B. (4) 800 A St. Mary's St.....	Raleigh	27605
Steadman, Paul C. (2) 636 E. Walnut St.....	Statesville	28677
Steelman, S. H. (1) Box 277.....	Lincolnton	28092
Stephens, John A. (3) Box 2096.....	Burlington	27215
Stephenson, G. W. (4) Box 588.....	Red Springs	28377
Stepp, Alfred P. (1) 15 Main St.....	McAdenville	28101
Stevens, Charles W. (1) Box 58.....	Granite Falls	28630
Stewart, Joseph D. (2) 2008 Cloverdale Ave.....	Winston-Salem	27103
Stike, Johnny R. (5) 1410 Medical Center Drive.....	Wilmington	28401
Stinson, John P. (2) 1023½ Beatties Ford Road.....	Charlotte	28208
Stoddard, Alan L. (5) Box 419.....	Havelock	28532
Stokes, Thomas D., Jr. (3) 3621 Pinetop Road.....	Greensboro	27408
Stone, David W., Jr. (2) 3411 Coldstream Lane.....	Charlotte	28205
Stone, Fleming H. (2)		
304 Cole Bldg., 211 Hawthorne Lane.....	Charlotte	28204
Stone, I. F. (2) Box 488.....	Pilot Mountain	27041
Stonestreet, Frank M. (3) 255 N. Second St.....	Albemarle	28001
Storey, Frederick B. (2) 1530 Elizabeth Ave.....	Charlotte	28204
Stovall, O. R. (5) Box 901.....	Goldsboro	27530

Stowe, G. C., Jr. (2)		
305 Randolph Medical Center, 1928 Randolph Road.....	Charlotte	28207
Strickland, William D. (3)		
UNC School of Dentistry.....	Chapel Hill	27514
Stroud, Charles D. (1) Route No. 1.....	Ellenboro	28040
Stroup, Paul A., Jr. (2)		
621 Doctors Bldg., 1012 Kings Drive.....	Charlotte	28207
Strupe, James G. (2)		
Suite 762, 1900 S. Hawthorne Road.....	Winston-Salem	27103
Stubbs, J. M. (3) Box 807.....	Rockingham	28379
Sturdevant, C. M. (3) UNC School of Dentistry.....	Chapel Hill	27514
Styers, Thomas R., Jr. (3)		
Colonial Apts, 75-B, 3022 Chapel Hill Road.....	Durham	27707
Sugg, Charles H. (3).....	Eden	27288
Sugg, Robert W. (3) 209 S. Gregson St.....	Durham	27701
Suggs, Joseph R. (3)		
Professional Bldg., 157 McArthur St.....	Asheboro	27203
Suggs, Robert B. (1) Box 755.....	Belmont	28012
Summey, Brett T. (1).....	West Jefferson	28694
Surles, Charles W., Jr. (3) 1124 E. Lexington Ave.....	High Point	27262
Sutphin, Hugh E. (3) 158 Renfro St.....	Mount Airy	27030
Swain, John P., Jr. (4) Professional Bldg.....	Raleigh	27601
Swindell, James E. (4) 1211 Cowper Drive.....	Raleigh	27608

—T—

Tally, William P. (4) Box 166.....	Garner	27529
Tannenbaum, A. Raymond (3) 1001 N. Elm St.....	Greensboro	27401
Taylor, C. B. (1) 6th and Fleming Sts.....	Hendersonville	28739
Taylor, Caswell F. (2) 2539 Hampton Ave.....	Charlotte	28207
Taylor, Clyde L. (3) 3200 Friendly Road.....	Greensboro	27408
Taylor, Gerald T. (2) 358 Forsyth Medical Park.....	Winston-Salem	27103
Taylor, James H. (1)		
Medical Center Bldg., 86 Victoria Road.....	Asheville	28801
Taylor, Kenneth, Jr. (1) 111 W. Third Ave.....	Gastonia	28052
Taylor, Lois E. (2) 720 E. Boulevard.....	Charlotte	28203
Taylor, Omer W. (1) 558 Fleming St.....	Hendersonville	28739
Taylor, Preston R. (1) Box 108.....	Belmont	28012
Taylor, Robert B. (4) 1677 Owen Drive.....	Fayetteville	28304
Taylor, Robert G., Jr. (2) Drawer 1071.....	North Wilkesboro	28659
Teague, Charles H. (3) 716 Southeastern Bldg.....	Greensboro	27401
Teague, Everette R. (3) 641 Parkway Blvd.....	Reidsville	27320
Templeton, William B (2)		
Suite 252, 1 Charlotte Town Center.....	Charlotte	28204
Teofan, Ronald O. (2) 3569-C N. Patterson Ave.....	Winston-Salem	27105
Tesh, Phillip G. (2) 715 Arbor St., N.E.....	Concord	28025
Tew, J. J. (4).....	Clayton	27520
Thomas, C. A. (5) 1526 S. Live Oak Parkway.....	Wilmington	28401
Thomas, Carl L. (2) Box 663.....	Mount Airy	27030
Thomas, George H. (1) Box 248.....	Skyland	28776
Thomas, J. T., Jr. (3) 1035 Westover Terrace.....	Asheboro	27203
Thomas, Robert E. (3) Box 506.....	Ramseur	27316
Thompson, Harold W. (2) Box 156.....	China Grove	28023
Thompson, Horace K. (5) 3500 Oleander Drive.....	Wilmington	28401
Thompson, James C. (3)		
Dental Detachment.....	Parris Island, S. C.	29905
Thompson, John L., Jr. (1) 416 W. Warren St.....	Shelby	28150
Thompson, Sanford W., III (4)		
719 Professional Bldg.....	Raleigh	27601
Thorpe, J. O. (2) Suite 207 Randolph Medical Center,		
1928 Randolph Road.....	Charlotte	28207
Thurston, M. Stevenson (2) 316 S. Church St.....	Salisbury	28144
Todd, Walden R. (2) Box 487.....	Yadkinville	27055
Tomlinson, F. N. (2) 310 O'Hanlon Bldg.....	Winston-Salem	27101
Towler, S. B. (4) 801 Professional Bldg.....	Raleigh	27601
Townsend, Gordon L. (4).....	Dunn	28334

Trail, Julian S. (3) Box 575.....	Norwood	28128
Trammell, Jerry C., Jr. (3) 1601 Cornwallis Drive.....	Greensboro	27408
Trawick, David E. (1) Box 894.....	Boiling Springs	28017
Trivette, L. P. (2) Box 574.....	Mooreville	28115
Troutman, Dennis F. (2) 464 Eastway Drive.....	Charlotte	28205
Troutman, M. L. (2) Box 751.....	Kannapolis	28081
Trueblood, Samuel N. (5) Box 737.....	Washington	27889
Truluck, Moultrie H. (1)		
Suite B. Medical-Dental Bldg.....	Asheville	28803
Tucker, W. W. (5) Room 108 Purser Bldg.....	Goldsboro	27530
Tulloch, Charles W. (4) Box 38.....	Broadway	27505
Turbyfill, W. J. (1) Suite 1,		
3 Doctors Park, 417 Biltmore Ave.....	Asheville	28801
Turlington, R. H. (4) Henry Vann Bldg.....	Clinton	28328
Turner, Gerald P. (2) 110 G. Stockton St.....	Statesville	28677
Turner, James L. (3) 4519 High Point Road.....	Greensboro	27407
Turner, J. V. (5) Box 1426.....	Wilson	27893
Turner, L. R. (5) Drawer "D".....	Jacksonville	28540
Turner, Philip E. (1) 803 N. Washington St.....	Shelby	28150
Turner, R. S. (3) 605 Walter Reed Drive.....	Greensboro	27403
Twisdale, Harold W. (2) 4421 Central Ave.....	Charlotte	28205

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Underwood, Alvin E. (3) Seawell Bldg.....	Carthage	28327
Underwood, J. T. (3) 3041 Lorraine Road, N. W.....	Roanoke, Va.	24017
Underwood, Nash H. (4) 814 S. Main St.....	Wake Forest	27587
Underwood, R. L. (3) 3302 Starmount Drive.....	Greensboro	27403
Upchurch, Gilbert R. (3) Drawer 1319.....	Reidsville	27320
Upchurch, Jack B. (4) 3035 Essex Circle,		
Glenwood Professional Village.....	Raleigh	27608
Upchurch, Tommy D. (3) 305 Lindsay Ave.....	High Point	27260

—V—

VanderVoort, C. Robert (3) U. S. No. 1 North.....	Aberdeen	28315
Van Vleet, David E. (3) 115 Arcade-Wellons Village.....	Durham	27703
Vaughan, Thomas R., Jr. (5) 509 Avondale Ave.....	Rocky Mount	27801
Vinson, Thomas W., Jr. (5) 106 Main St.....	Murfreesboro	27855
Vollmer, T. D. (3)		
Suite J Medical Village, 1610 Vaughn Road.....	Burlington	27215

—W—

Waddell, M. A. (4) Scottish Bank Bldg.....	Fair Bluff	28439
Wadsworth, Charles H. (2) 180 N. Union St.....	Concord	28025
Waldron, Pendleton G. (3)		
USAF Hospital, AAC.....	Elmendorf AFB, Alaska	99506
Walker, Curley G. (1) 252 Charlotte St.....	Asheville	28801
Walker, Frank H. (2) Box 37.....	Yadkinville	27055
Walker, Joel W. (3) Box 549.....	Graham	27253
Walker, M. E. (3) 1431 Broad St.....	Durham	27705
Walker, W. Keith (4)		
Apt. 32-I, Royal Hill Apartments.....	Raleigh	27603
Walker, Woodrow W. (1) 317 S. Marietta St.....	Gastonia	28052
Wall, Joe T. (3) UNC School of Dentistry.....	Chapel Hill	27514
Wall, L. E. (2) 706 Independence Bldg.....	Charlotte	28202
Wallace, George M. (3) 307 Lindsay St.....	High Point	27260
Wallace, Mitchell W. (4).....	Spring Lake	28390
Waller, D. T. (2) 6021 Creola Road.....	Charlotte	28211
Walters, Percy F. (2) Box 251.....	Monroe	28110
Ward, E. Ben (4) 511 S. Franklin St.....	Whiteville	28472
Ward, G. Thomas (1)		
212 Great Meadows Court.....	Virginia Beach, Va.	23452
Ward, James A. (5) 228 Vance St.....	Roanoke Rapids	27870

Ward, John D. (3) 417½ N. Pine St.....	De Ridder, La.	70634
Ware, L. Dwight (2) 207 E. Main St.....	Wilkesboro	28697
Ware, William G., Jr. (2) 174 Forsyth Medical Park.....	Winston-Salem	27103
Warlick, R. Bruce (3) Box 331.....	Southern Pines	28387
Warren, Bert B. (5) 103 E. Church St.....	Farmville	27828
Warren, Donald W. (3) UNC School of Dentistry.....	Chapel Hill	27514
Warren, E. R. (5) Box 845.....	Goldsboro	27530
Warren, Ray Alexander (1) 330 S. Grove St.....	Lincolnton	28092
Watson, Billy Joe (3) 608 N. Elm St.....	Greensboro	27401
Watson, Robert H. (2) 4200 Park Road.....	Charlotte	28209
Waynick, George E., Jr. (2) 731 Nissen Bldg.....	Winston-Salem	27101
Waynick, I. M. (2) 731 Nissen Bldg.....	Winston-Salem	27101
Weant, Theodore F. (2) 529 Catawba Road.....	Salisbury	28144
Weathersbee, Ramsey (5) 1806 Chestnut St.....	Wilmington	28401
Weathersbee, Ramsey, Jr. (5) 918 S. 17th St.....	Wilmington	28401
Weaver, R. C. (1) 19 Griffing Blvd.....	Asheville	28804
Webber, Spurgeon W., Jr. (2) 2301 Keller Ave.....	Charlotte	28208
Weeks, H. E. (5).....	Tarboro	27886
Wehunt, Lloyd D. (1) Box 25.....	Valdese	28690
Wells, C. T. (1) Wells Bldg.....	Canton	28716
Wells, Carey T., Jr. (1) 100 Main St.....	Canton	28716
Wells, DeLeon, Jr. (5).....	Wallace	28466
Wells, George O., Jr. (5).....	Atkinson	28421
Wentz, W. Robert (3) 1304 Broad St.....	Durham	27705
West, James B. (2) Box 1126.....	North Wilkesboro	28659
Westrick, Charles M. (2) 164 Forsyth Medical Park.....	Winston-Salem	27103
Wharton, Richard G. (2) Box 422.....	Salisbury	28144
Wheless, J. R. (3) 1123 S. Main St.....	Reidsville	27320
Whicker, Thomas A. (2) 400 Randolph St.....	Thomasville	27360
Whisnant, C. M. (1).....	Burnsville	28714
Whisnant, James F. (1) Box 347.....	Spindale	28160
White, Adolphus G. (5) 2820 Pelham Road.....	Rocky Mount	27801
White, Kermit E. (5) Box 618.....	Elizabeth City	27909
White, Robert D. (5) 900 Sunset Ave.....	Rocky Mount	27801
White, T. L. (2) Box 306.....	North Wilkesboro	28659
White, Walter A. (5) 3108 Arendell St.....	Morehead City	28557
Whitehead, A. P. (5) Box 1303.....	Rocky Mount	27801
Whitehead, J. W. (4) 508 N. Seventh St.....	Smithfield	27577
Whitehurst, Raymond C., Jr. (5) 519 Broad St.....	Wilson	27893
Whitson, Ronald W. (4) 511 S. Franklin St.....	Whiteville	28472
Whittington, P. B., Jr. (3) 228 Medical Arts Bldg.....	Greensboro	27401
Wicker, B. K. (4) Box 188.....	Maxton	28364
Wiggs, William J. (4) 2704 Ft. Bragg Road.....	Fayetteville	28303
Wilkie, Bernard (2) 1850 E. Third St.....	Charlotte	28204
Wilkins, Edward V. (4) 6th Gen. Disp. Dental Clinic.....	APO New York, N. Y.	09011
Wilkins, H. F., Jr. (2) 541 E. Center St.....	Lexington	27292
Wilkins, Ralph A. (3) Box 1755.....	Burlington	27215
Wilkins, W. T., Jr. (3) 1607 Asheboro St.....	Greensboro	27406
Wilkinson, Robert M. (2) 214 Nissen Bldg.....	Winston-Salem	27101
William, Carolyn T. (2) Box 36.....	North Wilkesboro	28659
Williams, D. Robert (3) Doctors Bldg., Willow Drive.....	Chapel Hill	27514
Williams, Egbert P. (2) 4200 Park Road.....	Charlotte	28209
Williams, Harry R. (4).....	Roseboro	28382
Williams, Henry T. (1) Doctors Bldg., 912 Second St., N.E.....	Hickory	28601
Williams, Jabez H., Jr. (3) Box 866.....	Thomasville	27360
Williams, James Lowell (2) Box 188.....	Pittsboro	27312
Williams, Joel S. (2) 120 S. Tradd St.....	Statesville	28677
Williams, John R. (2) 637 Nissen Bldg.....	Winston-Salem	27101
Williams, Larry A. (4) Box 296.....	Benson	27504
Williams, R. E. (5) 210 N. Herman St.....	Goldsboro	27530
Williamson, B. W., Jr. (3) Box 27.....	Hamlet	28345

Williamson, James M. (5) 608 E. 10th St.....	Greenville	27834
Williamson, J. F. (3).....	Wadesboro	28170
Williford, William E. (2) 2032 N. Graham St.....	Charlotte	28206
Willis, Guy R. (3) 910 Central Carolina Bank Bldg.....	Durham	27701
Willis, W. Alex (5)		
Northwoods Professional Plaza, Dewitt St.....	Jacksonville	28540
Wilson, Charles R. (2) Box 147.....	Marshville	28103
Wilson, F. M. (2) 101 S. Hayne St.....	Monroe	28110
Wilson, G. Curtis (5) 405 W. Nash St.....	Wilson	27893
Wilson, Noah R., Jr. (3) Box 755.....	Pittsboro	27312
Wilson, Noracella McGuire (1) 20 E. Main St.....	Sylva	28779
Wilson, William D. (1)		
New Hope Professional Bldg., 224 New Hope Road.....	Gastonia	28052
Winchester, P. W. (1) Box 628.....	Morganton	28655
Windley, Heber W., Jr. (4).....	Zebulon	27597
Winstead, James L., Jr. (1) Box 2177.....	Hendersonville	28739
Winter, Carlton V. (2) 1613 Montford Drive.....	Charlotte	28209
Withers, R. M. (2).....	Davidson	28036
Wolfe, Carl B. (3) 1103 W. Friendly Ave.....	Greensboro	27401
Woltz, William L., Jr. (4) Box 297.....	Sanford	27330
Wood, Jerry F. (4) Medical Center.....	Selma	27576
Wood, Matthew T. (3) UNC School of Dentistry.....	Chapel Hill	27514
Woodall, D. C. (4) Box 37.....	Erwin	28339
Woodard, W. L. (5).....	Beaufort	28516
Woodard, W. L., Jr. (4)		
Garner Professional Center, Rt. 1.....	Garner	27529
Woody, F. Spencer (3).....	Roxboro	27573
Woody, J. L. (1) Box 338.....	Bryson City	28713
Woody, L. W., Jr. (1) Box 556.....	Spruce Pine	28777
Woody, M. E., Jr. (1) 414 S. York St.....	Gastonia	28052
Woody, Sidney L. (1) 414 S. York St.....	Gastonia	28052
Woody, W. L. (1) 107 E. Third Ave.....	Gastonia	28052
Wooten, A. L. (5) 1116 W. Vance St.....	Wilson	27893
Wooten, Bobby G. (2)		
Suite 664 Forsyth Medical Park.....	Winston-Salem	27103
Wooten, George A. (5) Box 472.....	Snow Hill	28580
Wright, Dan (5) 602 E. 10th St.....	Greenville	27834
Wright, E. K., Jr. (5) Box 48.....	Williamston	27892
Wright, Henry N. (4) 415-A North 7th St.....	Smithfield	27577

—Y—

Yates, Robert A. (4) Box 265.....	Chadbourn	28431
Yelton, John L. (1) Box 35.....	Shelby	28150
Yelton, William D. (1) Box 2264.....	Hickory	28601
Yelton, W. F. (2) 531 Nissen Bldg.....	Winston-Salem	27101
Yelverton, Hugh (5) 111 N. Rountree St.....	Wilson	27893
Yokeley, Gilbert W. (2) 412 O'Hanlon Bldg.....	Winston-Salem	27101
Yokeley, K. M. (2) 767 Oaklawn Ave.....	Winston-Salem	27104
Yost, William F. (2) Sharon Forest Shopping Center, 6300 E. Independence Blvd.....	Charlotte	28212
Young, D. Clyde, Jr. (2) Medical Arts Bldg.....	Salisbury	28144
Young, Douglas M. (2) 340 Nissen Bldg.....	Winston-Salem	27101
Young, H. L. (5) 119 N. Church St.....	Rocky Mount	27801
Young, Pinkney B., III (5) 563 Evans St.....	Greenville	27834
Young, Ralph A. (4) 3003 Poole Rd.....	Raleigh	27610
Young, T. L. (4) 920 W. Johnson St.....	Raleigh	27605
Young, W. H. (5).....	Burgaw	28425
Young, W. Kenneth (3) 600 Pasteur Drive.....	Greensboro	27403

—Z—

Zaytoun, Henry S. (4) Suite 101, 1300 St. Mary's St.....	Raleigh	27605
Zealy, James M. (5) 610 N. Jefferson St.....	Goldsboro	27530
Zibelin, C. V. (5) Box 407.....	Wallace	28466
Ziglar, James N., Jr. (2).....	Rural Hall	27045

Zimmerman, H. Stokes (2) 704 Nissen Bldg.....	Winston-Salem	27101
Zimmerman, John W. (2) 405 Wallace Bldg.....	Salisbury	28144
Zimmerman, L. H. (3) 164 S. Main St.....	High Point	27260
Zimmerman, Thomas R. (3) 164 S. Main St.....	High Point	27260
Zuccarello, James B. (2) 58 Lake Concord Road.....	Concord	28025

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Bell, John T. (3) 4000 Dover Rd.....	Durham	27707
Derby, J. E. (1) Box 1279.....	Tryon	28782
Hooper, Lyman J. (1) A-5, Longchamps Apts.....	Asheville	28804
Nance, A. W. (4).....	Point Harbor	27964
Sturdevant, Roger E. (3) 1306 Desert Hills Drive.....	Sun City, Fla.	33586
Zates, P. P. (1) 107 S. Sharon Road.....	Lenoir	28645

NORTH CAROLINA DENTAL SOCIETY

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Arranged by towns and showing District in which each town is located.
(For mailing addresses, refer to alphabetical list)

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VanderVoort, C. Robert

AHOSKIE, 5th District

Brown, J. B.
Ferro, Edward R.
Leary, Thomas E.

ALBEMARLE, 3rd District

Bowen, Carl L.
Garber, M. R.
Mauldin, Joel L.
Overcash, R. F.
Richardson, Maurice B.
Smith, Robert L.
Stonestreet, F. M.

ANDREWS, 1st District

Ezzell, L. L.

APEX, 4th District

Bryan, C. H.
Clark, Eddie N.
Jones, Marvin T., Jr.
Pearson, Paul L.

ASHEBORO, 3rd District

Atwater, John W., Jr.
Bulla, Thurman C.
Couch, Jon W.
Davis, Hal A., Jr.
Grimsley, W. R.
Killian, H. W.
Kilpatrick, Ralph E.
McIntosh, James A.
Menius, John W.
Suggs, Joseph R.
Thomas, J. T., Jr.

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Barker, O. C.
Becker, D. H.
Candler, C. Z.
Carpenter, M. W.
Carrell, George H.
Cave, William P.
Clark, Walter E.
Cunningham, F. S.
Daniel, Gary F.
Davis, Frank W.
Davis, Walter H.
Dudley, D. W.
Elliott, Marvin L.
Garren, Robert D.
Gerdes, C. Don
Girard, John W., Jr.
Gregory, Lyman J., Jr.
Hall, David K., Jr.
Hatchett, C. Mitchell, Jr.
Hoffman, Robert R.
Holmes, Robert W.
Hooper, Lyman J. (Retired)

Hoyle, Frank W.
Jones, Charles E.
Keener, Harold
Kennerly, Robert B.
Lemler, John F.
McCracken, Clayton H.
McFall, Walter T.
Maddox, James H.
Martin, Franklin E.
May, H. M.
Morris, Thomas A.
Morton, Thomas L.
Mundy, Carl R.
Mynatt, William A.
Osborn, Carl F.
Owen, Robert H., Jr.
Patterson, George K.
Pennell, William T.
Pless, C. A.
Pless, Cecil A., Jr.
Ray, Kenneth M.
Reeves, James D.
Rich, C. Frank
Riddle, A. C., Jr.
Roberson, Joe B.
Roberts, Pearce, Jr.
Rogers, E. Kent, III
Shapiro, Eugene N.
Sherrill, Claude A., Jr.
Taylor, James H.
Truluck, Moultrie H.
Turbyfill, W. J.
Walker, Curley G.
Weaver, R. C.

AYDEN, 5th District

Brown, Oscar H.
Gooding, Herbert W.

BANNER ELK, 1st District

Perdue, Phillip S.

BEAUFORT, 5th District

Rudder, William L.
Woodard, W. L.

BELHAVEN, 5th District

Johnson, Charles E., II
Ralph, W. T.

BELMONT, 1st District

Breeland, Wade H.
Hagerty, Edward H.
Karr, Robert D.
Moses, Joseph M.
Suggs, Robert B.
Taylor, Preston R.

BENSON, 4th District

Sanders, Cleon W.
Williams, Larry A.

BESSEMER CITY, 1st District

Pruett, J. E.

BLACK MOUNTAIN, 1st District

Brake, E. K.

Love, James H.

Marshburn, J. A.

BOILING SPRINGS, 1st District

Trawick, David E.

BOONE, 1st District

Glenn, Edmond T.

Graham, James B.

Lawrence, Jack D.

Matheson, William M.

Penny, Glenn R.

Reese, Gene L.

BOONVILLE, 2nd District

Craver, A. W.

Lee, John G.

BREVARD, 1st District

Clayton, W. S.

Davis, Wilburn A.

Grahl, C. L., Jr.

Massey, Milton V.

Prugh, John L.

BROADWAY, 4th District

Tulloch, Charles W.

BRYSON CITY, 1st District

Dimsdale, James R.

Woody, J. L.

BURGAW, 5th District

Farrior, Stanley M.

Young, W. H.

BURLINGTON, 3rd District

Brannock, R. W.

Caddell, F. S.

Foushee, L. M.

Frost, J. S.

Garrison, N. W.

Gilliam, F. E.

Hinson, Thomas R.

McFarland, Wilbur G., Jr.

McKenzie, Owen Ray

Moore, Saunders W.

Moser, Galen C.

Murray, Henry V.

Newman, J. U., III

Patterson, George G.

Perdue, H. L.

Roberts, J. Ernest

Scott, Ludwig G.

Slott, E. F.

Stephens, John A.

Vollmer, T. D.

Wilkins, Ralph A.

BURNSVILLE, 1st District

Ransom, Robert K.

Whisnant, C. M.

BUTNER, 4th District

Boyette, Edward G.

Menius, Jack A.

CANDLER, 1st District

Cole, Hugh H.

CANDOR, 3rd District

McDuffie, A. A.

CANTON, 1st District

Bottoms, Alton W.

Cline, Albert P.

Cline, Albert P., Jr.

Powell, William H.

Wells, C. T.

Wells, Carey T., Jr.

CARTHAGE, 3rd District

Underwood, Alvin E.

CARY, 4th District

Davis, Edwin B., Jr.

Dennis, Bill

Hatcher, Hubert E.

CHADBOURN, 4th District

Yates, Robert A.

CHAPEL HILL, 3rd District

Allen, Don L.

Barker, Bennie D.

Barton, Roger E.

Bawden, James W.

Buckland, Michael B.

Burns, E. R.

Burns, William T.

Cathey, Gerald M.

Chapin, M. E.

Clark, Dwight L.

Courtney, Richard M.

Crandell, C. E.

Darden, T. H.

Davis, William G.

Demeritt, W. W.

Dobson, David P.

Drake, Claude W.

Ellis, William W.

Evans, Marvin R.

Fountain, Stuart B.

Gray, Gus W.

Higley, L. B.

Helmets, Gordon B.

Holland, Gene A.

Holland, Murry W.

Hunter, Grover C.

Kennedy, K. Carroll

Kramer, Donald R.

Laton, Joseph F.

Lindahl, Roy L.

Lupton, Cecil R.

McFall, Walter T., Jr.

Marbry, Donald L.

Marks, Sandy C.

Merritt, Woodrow W., Jr.

Miketa, Andrew J.

Mitchell, Patricia S.

Mitchum, Kenneth E.

Murray, Henry V., Jr.

Nelson, R. M.

Newton, Maurice E.

Oldenburg, T. R.

Oldham, Floy T., Jr.

Overberger, James E.

Price, A. Dwight

Reap, Charles A., Jr.

Richardson, R. E.

Roberson, Theodore M.

Rosenbaum, Jerry H.

Shankle, Robert J.

Shoulars, H. Wilson, Jr.

Sluder, Troy B., Jr.

Smiley, Gary R.

Sockwell, C. L.

Sowter, John B.
Strickland, William D.
Sturdevant, C. M.
Wall, Joe T.
Warren, Donald W.
Williams, D. Robert
Wood, Matthew T.

CHARLOTTE, 2nd District

Albright, L. B.
Alford, Frank O.
Allen, Thomas I.
Archer, John M., III
Austin, Edward U.
Aycock, Charles B.
Ballard, David L.
Banker, L. L., Jr.
Barringer, Martin D.
Barts, John W., Jr.
Baucom, J. P.
Baucom, Thomas A.
Bean, William C.
Benfield, Robert H.
Biddix, Clarence F.
Bishop, E. L.
Black, A. R.
Bottoms, Alton B.
Breland, A. Breece
Brown, James A.
Bumgardner, A. S.
Bumgardner, L. Franklin
Burroughs, Robert C., Jr.
Campbell, Ralph B.
Compton, Dudley D.
Cook, Adolphus J.
Cooley, Julius R.
Couch, C. Dean, Jr.
Cozart, William T., Jr.
Craig, Joe B.
Culbreth, F. H.
Culp, Donald D.
Diggs, Robert M.
Dixon, John H.
Dunn, John R.
Edwards, John G.
Elliott, James J.
Evans, Donald C.
Fox, Burke W.
Franklin, A. J.
Freedland, J. B.
Funderburk, Ervin M.
Galarde, A. J.
Goodman, Alvin S.
Graham, Frank R.
Graham, James E., Jr.
Guion, J. Homer
Hamer, Thomas N.
Harrelson, Henry C., Jr.
Harris, Edward F.
Hawkins, Reginald A.
Haynes, Frank K.
Heeseman, Gary, Jr.
Heinz, J. W.
Hill, Brian P.
Hoffman, Milo J.
Hoover, Dan C.
Hoover, R. G.

Houser, James B., III
Hull, P. C., Jr.
Hull, Robert H.
Irwin, John R.
Jarrell, William A., Jr.
Jarrett, Charles A.
Johnson, James B.
Johnson, Ronald L.
Johnston, Charles M.
Jordan, John J.
Keiger, Cyrus C.
Kendall, James E.
Kendrick, Vaiden B.
Kirkendol, E. C.
Kiser, J. Donald
Lentz, B. P.
Lofton, William C.
MacKay, Noel C.
McGowan, Donald J.
Mack, Thomas A.
Miller, Barry G.
Moore, E. D.
Morris, Donald W.
Morris, Ernest
Moses, John E.
Motley, Elliot R.
Murphy, Martin H.
Myers, William C.
Nash, George T.
Nisbet, Thomas G.
Owen, Kenneth D.
Owen, Olin W.
Patterson, Henry B.
Pattishall, F. D.
Pearson, Charles H.
Peeler, L. B.
Peery, W. Stewart
Perlin, Mark N.
Petersen, S. D., Jr.
Petree, R. E.
Pharr, John R.
Poole, Robert H., Jr.
Porter, W. Joseph
Reed, Charles B.
Reeves, Horace P., Jr.
Rehm, Jerome G.
Reynolds, John A. S.
Rider, Ernest A.
Robinson, Charles F.
Rogers, John T.
Ross, Grady
Ross, Heywood
Schmucker, Ralph
Sherrill, Luby T., Jr.
Short, L. H.
Simendinger, William H., Jr.
Snyder, Harry G.
Springer, Dennis H.
Stinson, John P.
Stone, David W., Jr.
Stone, Fleming H.
Storey, Frederick B.
Stowe, G. C., Jr.
Stroup, Paul A., Jr.
Taylor, Caswell F.
Taylor, Lois E.

Templeton, William B.
 Thorpe, J. O.
 Troutman, Dennis F.
 Twisdale, Harold W.
 Wall, Lester E.
 Waller, D. T.
 Watson, Robert H.
 Webber, Spurgeon W., Jr.
 Wilkie, Bernard
 Williams, Egbert P.
 Williford, William E.
 Winter, Carlton V.
 Yost, William F.
CHERRYVILLE, 1st District
 McKee, Raymond A.
 Smith, Ray Hoyle
CHINA GROVE, 2nd District
 Thompson, Harold W.
CLAYTON, 4th District
 Payne, J. M.
 Tew, J. J.
CLEMMONS, 2nd District
 Nifong, Paul D.
CLIFFSIDE, 1st District
 Hunt, John J.
CLINTON, 4th District
 Bell, Morris L.
 Herring, W. I.
 Merritt, William E.
 Powell, J. B.
 Turlington, R. H.
CLYDE, 1st District
 Miller, George I.
COLUMBUS, 1st District
 Oliver, John N.
CONCORD, 2nd District
 Carlough, Robert
 Davis, Joe V.
 Ezzell, J. W.
 Harrell, Daniel B.
 Jones, B. E., Jr.
 Patterson, R. M.
 Reece, J. P.
 Sapp, Hubert B.
 Tesh, Phillip G.
 Wadsworth, Charles H.
 Zuccarello, James B.
CONOVER, 1st District
 Canrobert, C. W., Jr.
 Holt, William E.
 Sowers, Jerry W.
CONWAY, 5th District
 Clark, George E.
CROSSNORE, 1st District
 Sloop, William M.
DALLAS, 1st District
 Mayberry, Ronald L.
DAVIDSON, 2nd District
 Withers, R. M.
DENTON, 2nd District
 Hawkins, Ralph O., Jr.
DOBSON, 2nd District
 Folger, J. M.
DREXEL, 1st District
 Fair, Ronald E.
 Shelton, Vader, Jr.

DUNN, 4th District
 Gorman, Richard F.
 Hooper, Glenn L.
 Jernigan, J. A.
 Jernigan, Jerry O'Dell
 Roberts, C. E.
 Townsend, Gordon L.
DURHAM, 3rd District
 Abbey, Wallace D., Jr.
 Adams, C. A., Jr.
 Adams, C. A., III
 Atwood, T. W. (Retired)
 Bowling, Howard X.
 Byerly, Charles T., Jr.
 Caldwell, Clell S.
 Campbell, Joseph E.
 Carr, Daniel T.
 Carr, Henry C.
 Cherry, M. L.
 Citrini, Richard J.
 Clark, C. F., Jr.
 Dilday, John S.
 Dixon, T. L.
 Dorton, John
 Draughon, Donald R.
 Draughon, Wallace R.
 Georgiade, N. G.
 Getsinger, Duncan M.
 Griffin, W. Kimball
 Harris, Guy V.
 Heath, LeRoy K.
 Howell, W. C., Jr.
 Kanoy, B. Edmond
 Kirkland, George F., Jr.
 Lazenby, Glenn A., Jr.
 Leggette, James A., Jr.
 Little, T. A.
 Mainwaring, John W., Jr.
 Matney, John L.
 Monk, Henry L., Jr.
 Pierce, T. Carlton
 Quinn, Galen W.
 Ramos, Frank M.
 Ross, Norman F.
 Ross, Thurman J.
 Sapp, Baxter B., Jr.
 Stallings, June H., Jr.
 Stallings, Riley S., Jr.
 Styers, Thomas R., Jr.
 Sugg, R. W.
 Van Vleet, David E.
 Walker, M. E.
 Wentz, W. Robert
 Willis, Guy R.
EAST BEND, 2nd District
 Garriott, Rosebud Morse
EDEN, 3rd District
 Sugg, Charles H.
EDENTON, 5th District
 Hart, W. I.
 Hines, Richard N., Jr.
 Hornthal, Allen L.
 Horton, Johnnie H.
ELIZABETH CITY, 5th District
 Fields, Wade T.
 Gollobin, Arthur

Griffin, Lloyd E.
Haynes, John E.
Jones, Clifford B.
Jones, Clifford B., Jr.
Nixon, H. E.
Riggs, A. F.
Spence, W. M.
White, Kermit E.

ELIZABETHTOWN, 4th District

Jessup, Percy W., Jr.
Johnson, Clemuel M.
Keith, William C.

ELKIN, 2nd District

Duncan, Allie H.
Harrell, James A.
Harrell, R. B.
Hartness, William R., III
Parks, Eldon H.
Pruett, L. Doyle
Schiebel, E. C.

ELLENBORO, 1st District

Stroud, Charles D.

ENKA, 1st District

Qualls, Dixon L.

ERWIN, 4th District

Woodall, D. C.

FAIR BLUFF, 4th District

Waddell, M. A.

FAIRMONT, 4th District

Floyd, Daniel J.
Purvis, P. C.

FALLSTON, 1st District

Lutz, Gerald W.

FARMVILLE, 5th District

Horton, Thomas J.
Jones, Paul E.
Mercer, William C., Jr.
Warren, Bert B.

FAYETTEVILLE, 4th District

Beck, Charles H.
Brooks, Robert E.
Butler, George L., Jr.
Carnevale, R. A.
Caviness, W. Robert
Ehrlich, Karl F.
Gainey, Robert H.
Goodwin, C. J.
Grimes, William F.
Hair, John S.
Hale, J. P.
Hancock, James B.
Hasty, Frederick G.
Holzbach, Richard L.
Lee, Douglas D.
Lessem, Robert B.
Maxwell, H. E.
Milligan, R. R.
Mohn, R. L.
Nichols, Earl R.
Olive, C. S.
Olive, R. M.
Owens, William R.
Paschal, Lawrence H.
Pridgen, Edward N.
Quigg, Joseph F.
Renfrow, R. R.

Roberson, Robert W.
Sanders, Paul D.
Sappington, R. R., Jr.
Smith, Newton
Taylor, Robert B.
Wiggs, William J.

FLETCHER, 1st District

Port, Forest C.

FOREST CITY, 1st District

Abernethy, Charles V.
Eaker, Yates H.
Griffith, Charles Lee
Mauney, R. G.

FRANKLIN, 1st District

Furr, Walter E.
Grant, Ben P.
Henson, David E.
Lawrence, Eugene W., Jr.

FRANKLINTON, 4th District

Eakes, S. E.

FUQUAY SPRINGS, 4th District

Adcock, George W., Jr.
Edwards, J. R., Jr.

GARNER, 4th District

Raynor, Bobby C.
Tally, William P.
Woodard, Warden Lewis, Jr.

GASTONIA, 1st District

Belton, Richard P.
Blume, Thomas F.
Boyles, J. L.
Current, A. C., Jr.
Current, William A.
Floyd, Cleveland W.
Froneberger, H. D.
Gunter, Jerry M.
Hendren, Otis F.
Herrin, Hermon K.
Lewis, James B.
Lowry, Tolbert W.
Moser, J. E.
Moser, S. E.
Quarles, William G.
Rhyne, Howard S.
Simpson, David H.
Taylor, Kenneth, Jr.
Walker, Woodrow W.
Wilson, William D.
Woody, M. E., Jr.
Woody, Sidney L.
Woody, W. L.

GIBSONVILLE, 3rd District

Roberts, David A.

GOLDSBORO, 5th District

Boykin, Thomas C.
Cofield, H. F.
Cox, James L.
Delbridge, Matthew G.
Ennis, Myron H.
Heeden, William M., Jr.
Hinnant, R. Willard
Houston, Ben H.
Lee, James H.
Overman, G. L.
Poole, S. D.
Sillers, Jack E.

Sproul, J. Fred
Stovall, O. R.
Tucker, W. W.
Warren, E. R.
Williams, R. E.
Zealy, James M.

GRAHAM, 3rd District

Johnston, Ben M.
Long, Herbert S.
Walker, Joel W.

GRANITE FALLS, 1st District

Icenhower, E. C.
Stevens, C. W.

GRANITE QUARRY, 2nd District

Sherman, Clarendon F.

GREENSBORO, 3rd District

Alspaugh, Laurence S.
Atwater, Frank G.
Bartis, Nicholas J.
Barnes, Milton H.
Brannan, B. M., Jr.
Brown, Benjamin W.
Burns, William D.
Butcher, Dale H.
Butler, H. Estes
Butler, Luther H.
Caldwell, J. B.
Caudle, James N.
Chandler, John E.
Cobb, Numa Watt, Jr.
Collins, Michael L.
Corey, Calvin B., Jr.
Coward, W. M.
Cregar, Daniel U., Jr.
Ditto, W. M.
Edwards, Edgar E.
Efird, Ira P., Jr.
Farmer, Robert L.
Finn, James C.
Gay, S. P.
Hall, Thomas A., Jr.
Harned, Robert J.
Henson, J. L.
Holmes, C. Ray
Holt, Harold M.
Holt, Leonidas C.
Howell, James B.
Hunsucker, Hugh
Hunter, M. Ray
Irvin, John L.
Karesh, Harry A.
Keith, Preston W.
Kriegsman, Robert M.
Landau, Lad, II
Lasley, J. T.
Lauten, J. J.
Long, Durel G.
Lore, John R.
Meisel, Raymond R.
Miller, W. L. T.
Patterson, C. E.
Poindexter, C. C.
Poindexter, Claibourne W.
Ralls, Marion L., Jr.
Fay, A. Graham
Rogers, Julian R.

Saunders, W. L.
Sessions, W. W.
Shaffer, S. W.
Sheffield, Neal
Sheffield, Neal, Jr.
Sigmon, James W.
Simkins, George C.
Sikes, T. E.
Sikes, T. Edgar, Jr.
Smith, Lynn H.
Solomon, Marshall H.
Southworth, J. D.
Stanford, A. R.
Stokes, Thomas D., Jr.
Tannenbaum, A. Raymond
Taylor, Clyde Leslie
Teague, Charles H.
Trammell, Jerry C., Jr.
Turner, James L.
Turner, R. S.
Underwood, R. L.
Watson, Billy Joe
Whittington, P. B., Jr.
Wilkins, W. T., Jr.
Wolfe, Carl B.
Young, W. Kenneth

GREENVILLE, 5th District

Aldridge, M. W.
Clark, Badger G., Jr.
Collie, Jay Mack
Evans, Richard H., Jr.
Jorgensen, Larry G.
Massey, M. B.
Patrick, Donald Ray
Pearce, O. R., Jr.
Ross, Ledyard E.
Williamson, James M.
Wright, Dan
Young, Pinkney B., III

GRIFTON, 5th District

Rasberry, William E.

GROVER, 1st District

Ellis, Benjamin T.

GUILFORD COLLEGE, 3rd District

Lineberry, Donald E.

HAMLET, 3rd District

Adams, Roy G.
Williamson, B. W., Jr.

HAVELOCK, 5th District

Gooding, Carnie C.
Stoddard, Alan L.

HAZELWOOD, 1st District

Kitts, Warren H.
Prevost, William S., Jr.
Spurlin, Max L.

HENDERSON, 4th District

Allen, Howard L.
Evans, Joseph S., Jr.
Finch, Walter H., Jr.
Hartsell, Harold M.
Hoyle, Wilson S., II
Hunt, Joseph T.
Hunter, Thomas M.

HENDERSONVILLE, 1st District

Barber, L. B., Jr.
Bowling, Richard K.

Buchanan, F. A.
 Carpenter, Joseph P.
 Carpenter, W. W.
 Clark, Alexander
 Crowell, J. G.
 Dolbee, Earl R., Jr.
 Hargrove, W. F.
 Hawkins, Charles B.
 Herren, James M.
 Holly, Norman J.
 Pope, E. F.
 Taylor, C. B.
 Taylor, Omer W.
 Winstead, James L., Jr.
HENRIETTA, 1st District
 Hamrick, T. Hicks, Jr.
HERTFORD, 5th District
 Bonner, Allan B.
HICKORY, 1st District
 Abernethy, David
 Abernethy, G. Shuford
 Ashworth, Derwood L.
 Barnhill, James H.
 Bost, John Dewey
 Brady, C. A., Jr.
 Brown, C. Fred
 Davenport, H. V.
 Fritz, C. B.
 Fritz, John R.
 Frye, David G., Jr.
 Goodwin, Charles J.
 Gwynn, William H.
 McDowell, William W.
 Poovey, Auburn L.
 Poovey, James N.
 Price, James L., Jr.
 Williams, H. T.
 Yelton, W. D.
HIGHLANDS, 1st District
 Hedden, Jessie Moreland
HIGH POINT, 3rd District
 Anderson, G. N.
 Andrews, John L., Jr.
 Bass, Robert E.
 Bencini, E. A.
 Campbell, John K.
 Campbell, William R.
 Cashion, Leonard R.
 Dawson, I. C.
 Garrett, Thomas B.
 Gibson, Sam B.
 Hart, Samuel T.
 Hester, Elliott M.
 Hinson, William P., Jr.
 Horton, C. W.
 Jarvis, William C.
 Johnson, Numa C., Jr.
 Kiser, Winford J.
 Little, Perry P.
 McKaughan, W. R.
 Megginson, L. P., Jr.
 Morgan, James C.
 Samuel, Michael D.
 Surles, C. W., Jr.
 Upchurch, T. D.
 Wallace, George M.
 Zimmerman, L. H.
 Zimmerman, T. R.
HILDEBRAN, 1st District
 Lyerly, Alan R.
HILLSBOROUGH, 3rd District
 Carroll, Larry W.
 Moore, H. W.
HUDSON, 1st District
 Hefner, Allen R.
HUNTERSVILLE, 2nd District
 Jurney, Henry C.
JACKSON, 5th District
 Grant, L. C., Jr.
JACKSONVILLE, 5th District
 Anderson, Wayne C.
 Browning, Henry D., III
 Demary, C. J.
 Gaskins, R. Hogan, Jr.
 Johnson, C. B.
 Jones, William R.
 Ketcham, William S.
 Morgan, W. Kenneth
 Reid, Thomas B., Jr.
 Turner, L. R.
 Willis, W. Alex
JAMESTOWN, 3rd District
 Herndon, Claude H.
JONESVILLE, 2nd District
 Miller, Fred C., Jr.
KANNAPOLIS, 2nd District
 Lipe, E. W.
 Morgan, E. Brown
 Morgan, E. B., Jr.
 Parks, J. H.
 Ridenhour, C. E.
 Slaughter, Freeman C.
 Troutman, M. L.
KERNERSVILLE, 2nd District
 Dalton, Robert B.
 Griffin, Donald C.
 Pegg, Fred N.
 Southard, F. J.
KING, 2nd District
 Booe, I. A.
 Fowler, William F.
 Helsabeck, W. J.
KINGS MOUNTAIN, 1st District
 Baker, Robert N.
 Baker, Thomas P.
 Hord, D. F.
 Lewis, O. P.
KINSTON, 5th District
 Baker, Benjamin R.
 Beasley, Britton F.
 Cameron, James E.
 Dupree, L. J.
 Dupree, Louis J., Jr.
 Edwards, George L., Jr.
 Gilbert, Robert H.
 Goldwasser, J. M.
 Henson, Donald L.
 Hill, Douglas G.
 Privette, James A.
 Rose, Junius H., Jr.
 Sanders, Phil S.

Smith, Grover W.
Spear, Herbert
LANDIS, 2nd District
Kluttz, Robert F.
LAURINBURG, 4th District
Biddell, Alex J.
Biddell, F. H.
Johnson, Joseph M.
Polk, Robert M., Jr.
LAWNDALE, 1st District
Hord, Dwight B.
LEAKSVILLE, 3rd District
Blanchard, Manfred T.
LENOIR, 1st District
Cook, Dennis S.
Cook, Dennis S., Jr.
Forbes, M. M.
Graham, R. H.
Hedrick, Paul P.
Shaw, Frederick C.
Yates, P. P. (Retired)
LEXINGTON, 2nd District
Bingham, J. P.
Bingham, J. P., Jr.
Caple, Lacy H.
Hood, J. Sidney
Hoover, Charles W.
Ratton, Thomas G.
Smith, Amos H.
Sowers, Wade A.
Wilkins, H. F., Jr.
LIBERTY, 3rd District
Butler, Thomas E.
LILLINGTON, 4th District
Mann, Lynn S.
Marshbanks, B. P., Jr.
Pate, Grover C.
LINCOLNTON, 1st District
Bowman, James C.
Cloninger, John L.
Harrill, C. H.
Self, Fred L.
Self, Isaac R.
Steelman, S. H.
Warren, Ray A.
LOUISBURG, 4th District
Eagles, R. L.
Pleasants, Marvin
LUMBERTON, 4th District
King, David D., Jr.
McGrath, Frank B., Jr.
Moore, L. J., Jr.
Nantz, G. R.
Osborne, Colin P., Jr.
Robinson, Ernest L.
McADENVILLE, 1st District
Stepp, Alfred P.
McLEANSVILLE, 3rd District
Sears, Thomas H., Jr.
MADISON, 3rd District
Lewis, William H., Jr.
McAnally, C. W.
MAIDEN, 1st District
Kyles, C. Paul
MANTEO, 5th District
Edwards, Linus M., Jr.

Mustian, W. F.
MARION, 1st District
Dickson, B. A.
McCall, R. S.
Parker, C. A.
Peppers, James F.
Rowe, O. D.
MARSHALL, 1st District
Ramsey, Arthur M.
MARS HILL, 1st District
Sams, Roy B.
MARSHVILLE, 2nd District
Wilson, Charles R.
MATTHEWS, 2nd District
Rogers, Russell J., Jr.
MAXTON, 4th District
Wicker, B. K.
MEBANE, 3rd District
Foust, James A., Jr.
Hook, Brevitt
MOCKSVILLE, 2nd District
Andrews, James E.
Andrews, Victor L., Jr.
Eckerd, E. A.
MONROE, 2nd District
Brooks, H. L.
Duncan, S. C.
Gibson, James R., Jr.
Hurt, Alfred D., Jr.
Kistler, A. R.
McLeod, William H.
Price, William H.
Walters, Percy F.
Wilson, F. M.
MOORESVILLE, 2nd District
Brawley, Boyce A.
Bridges, Worth T., Jr.
Gray, Robert C.
Rogers, Harding W., Jr.
Sholar, Norman P.
Trivette, L. P.
MOREHEAD CITY, 5th District
Eure, Darden J.
Eure, Darden J., Jr.
Freshwater, David H.
Hamilton, A. L., Jr.
White, Walter A.
MORGANTON, 1st District
Coffey, Ralph D.
Diercks, C. C.
Falls, Ralph L.
Farrar, Joseph W.
Johnson, T. George, Jr.
Keels, Cameron H., Jr.
McBrayer, Gerald F., Jr.
Mazitis, Erika K.
Paisley, R. L.
Sain, H. T.
Stamper, Clifford M.
Winchester, P. W.
MOUNT AIRY, 2nd District
Ashby, John L.
Boyd, S. M.
Conduff, Duke P.
Fowler, Harold D., Jr.
George, Robert A.

Hiatt, Max R.
 Moorefield, Paul
 Oliver, Otis
 Sutphin, Hugh E.
 Thomas, Carl L.
MOUNT GILEAD, 3rd District
 Harwood, Brooks W.
MOUNT HOLLY, 1st District
 Hawkins, Bruce H.
 Lucas, Walter J.
 Moore, Raymond T.
MOUNT OLIVE, 5th District
 Bullard, Amos J., Jr.
MURFREESBORO, 5th District
 Britt, W. F.
 Vinson, Thomas W., Jr.
MURPHY, 1st District
 Cabe, James J.
 Dickey, Harry
 Hill, J. N., Jr.
NASHVILLE, 5th District
 Jackson, David S.
NEW BERN, 5th District
 Barker, Charles T.
 Bratton, Lewis P.
 Civils, H. W.
 Gilbert, William B.
 Hand, W. L., Jr.
 Hammond, W. L.
 Jackson, Samuel P.
 Johnson, Charles B.
 Miller, Fred H.
 Miller, Roy A., Jr.
 Minah, Glenn E.
NEWLAND, 1st District
 Agett, G. Andrew
NEWTON, 1st District
 Adair, John T.
 Cochran, James D., Jr.
 Eisenhower, S. H.
NORTH WILKESBORO, 2nd District
 Baldwin, Harry N.
 Bentley, C. W.
 Bentley, Keith L.
 Casey, R. P.
 Taylor, Robert G.
 West, James B.
 White, T. L.
 Williams, Carolyn T.
NORWOOD, 3rd District
 Trail, Julian S.
OLD FORT, 1st District
 Snyder, Jerald M.
OXFORD, 4th District
 Finch, S. J.
 Hardy, John B., Jr.
 Martin, John Wayne
 Pruitt, James F.
 Sneed, Thomas Q., Jr.
PILOT MOUNTAIN, 2nd District
 Agress, Bernard D.
 Stone, I. F.
PINEHURST, 3rd District
 Smith, John Watson, Jr.

PINETOPS, 5th District
 Slack, James B.
PINK HILL, 5th District
 Edwards, Henry A.
PITTSBORO, 3rd District
 Hughes, John T.
 Miska, M. G.
 Williams, James L.
 Wilson, Noah Rouse, Jr.
PLEASANT GARDEN, 3rd District
 Fields, Richard M.
PLYMOUTH, 5th District
 Bennett, Carter T.
POINT HARBOR, 5th District
 Nance, A. W. (Retired)
RAEFORD, 4th District
 Jordan, J. F.
 Smith, Marcus R.
RALEIGH, 4th District
 Abernethy, C. E.
 Attayek, Eli J.
 Avera, C. Allen
 Baker, E. D.
 Beam, R. S.
 Bell, Franklin D.
 Bell, Victor E.
 Bitler, Glenn F.
 Bobbitt, S. L.
 Branch, W. Howard
 Brown, Bernard A.
 Byrd, Robert T.
 Byrd, Thomas H., III
 Chamblee, H. Royster
 Collins, Thomas G.
 Crawford, James A.
 Dudley, George G.
 Earp, Roy L.
 Edwards, James H.
 Finch, Robert E.
 Fitzgerald, Paul, Jr.
 Gaines, Roy E.
 Hale, G. Fred
 Hall, Randolph R.
 Hargrove, Albert W.
 Harris, Thomas H.
 Horwitz, Burton A.
 Hunter, R. S.
 Jackson, Don F.
 Jackson, Ruth T.
 Johnson, Kenneth L.
 Kelley, Wesley E.
 Kistler, Charles M.
 Ledbetter, C. B.
 Lee, William J.
 Ligon, J. H., Jr.
 Lineberger, H. O., Jr.
 Lotz, Daniel M.
 McAllister, J. Malcolm
 McCaffity, Darwin W.
 Marshall, Penn, Jr.
 Martin, Benny W.
 Martin, W. T.
 Masters, David B.
 Moore, Carl B.
 Morrison, Robert R., Jr.
 Morrison, Virgil McKee

Moye, Robert W.
 Murphy, Richard F.
 Nelson, J. S. D.
 Nelson, T. E.
 Nicholson, M. P., Jr.
 Oakley, Kenneth H., Jr.
 Pearce, J. A.
 Pearson, E. A., Jr.
 Perry, T. Edwin
 Povlich, John F., III
 Rankin, W. W.
 Roe, Jere E.
 Sager, Robert H.
 Schneider, William G.
 Seifert, D. W., Jr.
 Sherwood, William J., Jr.
 Smith, A. L., Jr.
 Smith, Everett L.
 Smith, Vonnie B.
 Stanley, Lloyd B.
 Swain, John P., Jr.
 Swindell, James E.
 Thompson, Sanford W., III
 Towler, S. B.
 Upchurch, Jack B.
 Walker, W. Keith
 Young, Ralph A.
 Young, Thurman L.
 Zaytoun, Henry S.

RAMSEUR, 3rd District

Graham, C. A.
 Graham, C. A., Jr.
 Thomas, Robert E.

RANDLEMAN, 3rd District

Chamberlain, Vander F.
 Kistler, C. D.

RED SPRINGS, 4th District

McKay, S. R.
 Stephenson, G. W.

REIDSVILLE, 3rd District

Almond, C. Franklin
 Caldwell, Charles K.
 Daniel, Robert Lee
 Moore, J. S.
 Moore, Walter H.
 Teague, Everette R.
 Upchurch, Gilbert R.
 Wheless, J. R.

RICH SQUARE, 5th District

Brown, James W.
 Outland, Robert B., Jr.

ROANOKE RAPIDS, 5th District

Daniel, R. A., Jr.
 Matkins, John A.
 Murphrey, W. E., Jr.
 Peck, Robert B.
 Smith, Samuel I.
 Ward, James A.

ROBBINS, 3rd District

Alexander, W. E.

ROCKINGHAM, 3rd District

Haltiwanger, George A.
 Haltiwanger, William L., Jr.
 Nicholson, Robert A.
 Stubbs, J. M.

ROCKWELL, 2nd District

Holshouser, L. C.

ROCKY MOUNT, 5th District

Campbell, Walter E.
 Carson, J. Royal, Jr.
 Chesson, J. H.
 Crumpler, Lyle E.
 Eatman, C. D.
 Eatman, E. L.
 Fisher, Julian H.
 Fuerst, Herbert
 Godwin, Charles P.
 Hartness, John D.
 Hunt, Richard F., Jr.
 Minges, C. R.
 Smithson, T. W.
 Vaughan, Thomas R., Jr.
 White, Adolphus G.
 White, Robert Dean
 Whitehead, A. P.
 Young, H. L.

ROSEBORO, 4th District

Williams, Harry R.

ROWLAND, 4th District

Gibson, Jesse C.

ROXBORO, 3rd District

Bradsher, J. D.
 Chandler, Frederick M.
 Hall, Norman C.
 Hughes, Charles W.
 Long, Robert E.
 Woody, F. Spencer

RURAL HALL, 2nd District

Helsabeck, C. Robert, Jr.
 Lamb, Lewis E., Jr.
 Ziglar, James N.

RUTHERFORDTON, 1st District

McBrayer, William F.
 McDaniel, W. J.

SAINT PAULS, 4th District

Butler, James E.
 Cameron, Lawrence A.
 Moore, L. J.

SALISBURY, 2nd District

Blackman, W. W.
 Blackwell, Glen E.
 Buford, J. T. H.
 Chandler, F. H.
 Choate, E. C.
 Hinson, Wade A.
 Jones, Clinton M.
 Ketner, Bruce A.
 Kirk, Frank W.
 Kirk, W. Smith
 Lomax, Bobby A.
 Maus, Paul
 Spencer, John R.
 Thurston, M. Stevenson
 Weant, Theodore F.
 Wharton, Richard G.
 Young, D. C., Jr.
 Zimmerman, John W., Jr.

SANFORD, 4th District

Barber, A. D.
 Byrd, Worth M.
 Cotter, Paul Eric

Deibler, Eugene C.
 Edrington, Charles E.
 Harris, Franklin G.
 Hulin, James F.
 Lehmann, James H.
 McCracken, F. W., III
 Woltz, William L., Jr.
SCOTLAND NECK, 5th District
 Lilley, M. M.
SELMA, 4th District
 Blackman, R. M.
 Wood, Jerry F.
SHALLOTTE, 5th District
 Madison, John T.
SHELBY, 1st District
 Burrus, Roy C., Jr.
 Edwards, Byard F.
 Henshaw, William R.
 Litton, Robert B.
 Noblitt, Perry M.
 Plaster, Harold E.
 Plaster, Hubert S.
 Raymer, J. L.
 Thompson, John L., Jr.
 Turner, Philip E.
 Yelton, John L.
SILER CITY, 3rd District
 Blair, Mott P.
 Edwards, W. J.
 Goodwin, Donald R.
 Milliken, J. B.
SKYLAND, 1st District
 Thomas, George H.
SMITHFIELD, 4th District
 Denning, John N.
 Earp, Joe T.
 Grantham, Norman B., Jr.
 Lee, William G.
 Oliver, William H.
 Whitehead, J. W.
 Wright, Henry N.
SNOW HILL, 5th District
 Wooten, George A.
SOUTHERN PINES, 3rd District
 Anderson, George D.
 Daniels, L. M.
 Hundley, Deane, III
 Johnson, W. Harrell
 Morris, Walter S., Jr.
 Warlick, R. Bruce
SOUTHPORT, 5th District
 Conrad, C. Richard
SPARTA, 2nd District
 Johnson, G. Terry
SPENCER, 2nd District
 Eagle, James C., Jr.
 Howell, Albert E.
 Snider, William H.
SPINDALE, 1st District
 Whisnant, James F.
SPRAY, 3rd District
 Bebbler, James V.
 O'Leary, Joseph A.
SPRING HOPE, 5th District
 Inscoc, Ashby G.
SPRING LAKE, 5th District
 Wallace, Mitchell W.
SPRUCE PINE, 1st District
 Braswell, Jack G.
 Davenport, William
 Peake, Dean R.
 Woody, L. W., Jr.
STANLEY, 1st District
 McCall, Clyde N.
STAR, 3rd District
 Hussey, T. E.
STATESVILLE, 2nd District
 Cheek, Donald G.
 Corl, Marshall B.
 Dearman, J. H.
 Dorton, M. Lamar
 Gaither, F. Glen
 Haddix, Guy E.
 Holland, J. M.
 Honeycutt, Wallace B.
 Little, James E.
 Long, Robert
 Martin, Ernest L.
 Montgomery, D. O.
 Nicholson, J. H.
 Rodgers, James F.
 Steadman, P. C.
 Turner, Gerald P.
 Williams, Joel S.
SUMMERFIELD, 3rd District
 Fox, Robert M.
SWANNANOVA, 1st District
 Faucette, John W.
SYLVA, 1st District
 Bird, Charles W.
 McGuire, Alice Patsy
 McGuire, Daisy Z.
 McGuire, Harold S.
 McGuire, W. P.
 Wilson, Noracella McGuire
TABOR CITY, 4th District
 Cook, David E.
TARAWA TERRACE, 5th District
 O'Berry, Walter S.
TARBORO, 5th District
 Fleming, T. S.
 Hoard, J. S., III
 Moore, R. W.
 Ray, Moses A.
 Weeks, H. E.
TAYLORSVILLE, 2nd District
 Grant, Robert W.
 Herman, Ralph E.
THOMASVILLE, 2nd District
 Hodgkin, O. R.
 Holliday, R. H.
 McGhee, James G.
 Moore, Robin O.
 Whicker, Thomas A.
 Williams, Jabez H., Jr.
TROY, 3rd District
 Bland, Wilbur B.
 Kornegay, Thomas A.
TRYON, 1st District
 Derby, J. E. (Retired)

McCall, C. W.
 Mize, John T.
VALDESE, 1st District
 Hagaman, Robert P.
 Parker, W. H.
 Shell, John H.
 Wehunt, Lloyd D.
WADESBORO, 3rd District
 Bridger, R. L.
 Williamson, J. F.
WAKE FOREST, 4th District
 Dickens, Carl W.
 Spencer, William R.
 Underwood, Nash H.
WALLACE, 5th District
 Bland, A. B.
 Bland, Donald E.
 Johnson, B. McK.
 Wells, DeLeon, Jr.
 Zibelin, C. V.
WALNUT COVE, 2nd District
 DeHart, V. L.
 Shelton, Clavis O.
WARRENTON, 4th District
 Jones, Rufus S.
 Massey, S. H., Jr.
WARSAW, 5th District
 Ausley, Mett B.
 Kornegay, J. M.
WASHINGTON, 5th District
 Duke, J. F.
 Edwards, Zeno L., Jr.
 Homes, Garland R.
 Howdy, Frederick H.
 Kidd, William E.
 Trueblood, Samuel N.
WAXHAW, 2nd District
 Smith, James R.
WAYNESVILLE, 1st District
 Hendricks, Frank E.
 Medford, N. M.
 Medford, Phil McR.
 Ogden, Fred N., II
 Snoderly, Robert M.
WEAVERVILLE, 1st District
 Bolinger, H. E.
 Parsons, Jerry M.
WELCOME, 2nd District
 Butler, Wallace B.
WELDON, 5th District
 Garriss, Marcus A.
 Shoffner, Clarence L.
WENDELL, 4th District
 Blalock, C. A.
 Horton, Leland C.
 Horton, R. L.
WEST JEFFERSON, 1st District
 Jones, E. D.
 Summey, Brett T.
WHITEVILLE, 4th District
 Johnson, M. L.
 Maultsby, William D.
 Ward, E. Ben
 Whitson, Ronald W.

WILKESBORO, 2nd District
 Hudson, Smith R.
 Ware, L. Dwight
WILLIAMSTON, 5th District
 Gray, W. H., Jr.
 Marshburn, David T.
 Wright, E. K., Jr.
WILMINGTON, 5th District
 Allen, Sidney V.
 Barden, R. B.
 Benson, E. S., Jr.
 Broughton, J. O.
 Camak, Pascal S.
 Fales, A. R.
 Fraser, John E.
 Furr, James E.
 Harris, Archie L.
 Head, Thomas J., Jr.
 Hodges, Johnnie D., Jr.
 Hollis, Robert H.
 Jewell, E. Smith
 Keith, H. Leonidas, Jr.
 Morgan, Bernard L.
 Morrison, B. R.
 Partrick, Jeremiah N.
 Pigford, Guy E.
 Russ, Bobby M.
 Seitter, D. B., Jr.
 Smith, Clayton B., Jr.
 Smith, James H.
 Smith, Junius C.
 Stike, J. R.
 Thomas, C. A.
 Thompson, Horace K.
 Weathersbee, Ramsey
 Weathersbee, Ramsey, Jr.
WILSON, 5th District
 Barnes, V. M.
 Bissette, M. D.
 Boseman, Dewey
 Butterfield, George K.
 Cooke, Charles S.
 Etheridge, James E.
 Hesmer, T. C., Jr.
 Hooks, Oscar
 Johnson, A. Dwight
 Lee, Lewis W.
 Linville, Walter S., Jr.
 Mason, Carle W., Jr.
 Ridout, H. Wayne
 Rosemond, Julian B.
 Turner, J. V.
 Whitehurst, Raymond C., Jr.
 Wilson, G. Curtis
 Wooten, A. L.
 Yelverton, Hugh
WINDSOR, 5th District
 Attkisson, Wayne P.
WINSTON-SALEM, 2nd District
 Ausband, Samuel P.
 Barkley, Carl A.
 Beavers, D. L.
 Beavers, Franklin C.
 Bennett, Jack
 Blackburn, Charles A.
 Blair, Thomas L.

Blankenbeckler, James D.
 Boyles, Robert S.
 Byerly, Robert T.
 Christian, Bill J.
 Clinard, Robert W.
 Collins, Thomas R.
 Cox, Vernon H.
 Crotts, Hylton K.
 Crow, William E.
 Culbreath, James C., Jr.
 Cummings, Paul M., Jr.
 Daniel, Frank H.
 Duncan, N. J.
 Farthing, J. Clopton
 Fox, N. D.
 Fox, Robert D.
 Freund, O. J.
 Gustafson, Bruce A.
 Hinkle, David R.
 Hoffler, William H., Jr.
 Hopkins, Edmund B.
 Irvin, Emory W.
 Jackson, Dwight A.
 Jent, Herman C.
 Levine, H. H.
 Long, John S.
 Lynch, William G.
 Masten, R. E.
 Meadows, Kenneth H.
 Meadows, Van B.
 Melvin, R. Philip
 Mendenhall, F. C.
 Moser, Kenneth B.
 Nash, Richard E.
 Nissen, Eva Carter
 Oliver, John R., Jr.
 Phillips, Guy M.
 Phillips, Kenneth R.
 Reich, E. H.

Riddle, W. F.
 Scherer, Richard F.
 Smith, Fred J.
 Smith, Thomas A.
 Snyder, Kenneth Ray
 Spillman, J. Harry
 Spoon, Riley E., Jr.
 Stewart, Joseph D.
 Strupe, James G.
 Taylor, Gerald T.
 Teofan, Ronald O.
 Tomlinson, F. N.
 Ware, William G., Jr.
 Waynick, George E., Jr.
 Waynick, I. M.
 Westrick, Charles M.
 Wilkinson, Robert M.
 Williams, John R.
 Wooten, Bobby G.
 Yelton, W. F.
 Yokeley, Gilbert W.
 Yokeley, K. M.
 Young, Douglas M.
 Zimmerman, H. Stokes

**WRIGHTSVILLE BEACH,
5th District**

Crank, J. Cecil

YADKINVILLE, 2nd District

Todd, Walden R.
Walker, Frank H.

YANCEYVILLE, 3rd District

Page, Graham A.
Page, L. G.

ZEBULON, 4th District

Coltrane, J. F.
Massey, L. M.
Massey, Zyba K.
Windley, H. W., Jr.

MEMBERS RESIDING OUT-OF-STATE AND IN MILITARY SERVICE
 (For addresses, refer to alphabetical list.)

Cash, Allan H.
 Cox, William B.
 Devereux, James L.
 Freeman, Robert S.
 Goodwin, William C., Jr.
 Gordon, Alan B.
 Greiner, Frank L.
 Griffin, Wallace S.
 Hartness, J. F.
 Healey, Kent W.
 Hunter, Barrett M.
 Johnson, Carol H.
 Kiser, John D., Jr.
 Large, Nelson D.
 McCall, Charles W., Jr.
 McIntosh, James N.

Nicholson, H. A.
 Pleasants, Riley C., Jr.
 Pruitt, Charles C., Jr.
 Roseman, Irvin A.
 Schneider, John J.
 Schneider, N. J.
 Sturdevant, Roger E.
 Thompson, James C.
 Underwood, J. T.
 Waldron, Pendleton G.
 Walker, W. Keith
 Ward, G. Thomas
 Ward, John D.
 Wells, George O., Jr.
 Wilkins, Edward V.

District Officers 1968-69

FIRST DISTRICT. William A. Mynatt, president-elect; Fred N. Ogden, II, secretary-treasurer; Clarence W. Canrobert, Jr., editor; F. A. Buchanan, president; E. Kent Rogers, III, vice president; Dixon L. Qualls, executive committee.



SECOND DISTRICT. W. Smith Kirk, president; Kenneth D. Owen, editor; M. Lamar Dorton, president-elect; Fred C. Miller, secretary-treasurer; Paul A. Stroup, Jr., vice president.



THIRD DISTRICT. Standing: James B. Howell, secretary-treasurer; C. Fred Clark, Jr., president-elect; Joseph R. Suggs, delegate; Ludwig G. Scott, vice president. Seated: Maurice B. Richardson, retiring president; L. P. Megginson, Jr., president.



FOURTH DISTRICT. Walter H. Finch, Jr., past president; Robert T. Byrd, alternate delegate; Penn Marshall, Jr., immediate past president; P. C. Purvis, president; John N. Denning, delegate; Harold E. Maxwell, president-elect.



FIFTH DISTRICT. James L. Cox, president-elect; T. S. Fleming, president; James A. Privette, secretary-treasurer; David H. Freshwater, editor; William E. Kidd, vice president.



News briefs from . . .

North Carolina Dental Hygienists' Association



ADHA in Miami Beach

Representing the North Carolina Dental Hygienists Association at the 45th annual session of the American Dental Hygienists Association at Miami Beach October 28-31 were Mrs. Margaret Cain of High Point, delegate, and Mrs. Letitia Morris of Winston-Salem, alternate.

Representatives of District VI which includes North Carolina were hostesses in the Hospitality Room at the Deauville Hotel, headquarters for the meeting.

First District

The First District of NCDHA met in Asheville at Grove Park Inn, September 30. Seven members were present. Jean Stines presented the Constitution and Bylaws for approval and it was accepted.

Officers elected were: Barbara Lail, president; Ann Morrow, vice president; and Nancy Crisp, secretary-treasurer.

Second District

Twenty-five members met September 22 at White House Inn, Charlotte, approved the proposed Constitution and Bylaws, and elected the following officers: Mrs. Loretta Gaddy, president; Julie Smith, vice president; and Woodie Van Hoy, secretary-treasurer. Mrs. Pam Richards was appointed chairman of a committee to arrange for the annual meeting in 1969.

Third District

The Third District of NCDHA met at Mid Pines Club, Southern Pines, October 7. Officers elected for the coming year include: Mrs. Mary Burke, Greensboro, president; Mrs. Bobby Phipps, Greensboro, vice president; and Mrs. Katherine Neal, Chapel Hill. The District adopted the proposed Constitution and Bylaws.

Fourth District

Eighteen members of the Fourth District gathered at the Statler Hilton in Raleigh October 14. Guest speakers at the luncheon were Miss Alberta Beat and Miss Kathy Ellgood. The District unanimously adopted the proposed Constitution and Bylaws and elected the following officers: Mrs. Betty Whitaker, president; Shiela Boyette, vice president; and Charlotte West, secretary-treasurer.

Fifth District

Twelve members registered at the Fifth District Meeting at the Blockade Runner on Wrightsville Beach September 15. Officers elected for the coming year were: Mrs. Charlotte Berry, president; Pat Caston, vice president; and Mrs. Joy Jackson, secretary-treasurer.

The District presented a table clinic titled "Utilization of the Dental Hygienist" at the annual meeting of the Fifth District Dental Society.

General News



Mrs. Cunningham Dies

Mrs. Dorothy F. Cunningham, the wife of Andrew M. Cunningham, executive secretary, died suddenly at Wake Memorial Hospital in Raleigh December 18, 1968.

A familiar and cheerful face at dental meetings throughout the State, she maintained the membership records at the Central Office, was responsible for registration at the annual meetings, and worked closely with the Dental Auxiliary.

Her services will be sorely missed for she ably and competently performed many "behind the scenes" chores at the Central Office which would never have been accomplished but for her, and which so many members and officers took for granted.

Dr. Coffey Appointed

Dr. Ralph D. Coffey of Morganston has been appointed chairman of the ADA Council on Insurance for 1968-69 by the Association's Board of Trustees. This will be his second year on the Council.

Dr. Coffey is a past president of the North Carolina Dental Society and is currently serving his ninth consecutive year as speaker of the Society's House of Delegates.

Dr. McGuirl Installed

Dr. Hubert A. McGuirl of Providence, R. I., was installed as 105th ADA president at the Association's annual session in Miami Beach, October 27-31. Dr. Harry M. Klenda of Wichita, Kansas defeated Dr. Thomas P. Fox of Philadelphia for the post of president-elect. The House elected Dr. Joseph B. Kennedy of Des Moines, Iowa, first vice president, Dr. Jerome J. Hiniker of Washington, D. C., second vice president, and Dr. George J. Coleman of Coral Gables, Florida, third vice president.

Dr. Arthur W. Kellner of Hollywood, Florida was named trustee from the fifth district which includes North Carolina for his second term. Also re-elected was Dr. Carlton H. Williams of San Diego, who was named speaker of the house for a third term.

ADA Dues Increased

The ADA House of Delegates approved a \$15 increase in dues, reaffirmed its position on licensure, adopted guidelines for three major health programs and approved a North Carolina resolution rescinding the ADA's endorsement of a pamphlet by the National Confectioners

Association at its meeting in Miami Beach October 27-31.

In other actions, the delegates also passed resolutions on continuing education, radiation hygiene, and the ADA Principles of Ethics.

The ADA Board of Trustees recommended a \$20 increase in dues effective January 1, 1969, but the resolution failed to win the necessary two-thirds majority. The House reconsidered the question, and then raised the dues from \$40 to \$55 annually.

The house adopted by a substantial majority a resolution by North Carolina directing the ADA by appropriate action to rescind its approval of "How to Protect Dental Health While Enjoying Candy" published by the National Confectioners Association.

Delegates affirmed the principle of state licensure and opposed "any proposal which would place this important state function under federal regulation." In addition, state societies were urged to consult with the state boards "to give continuing consideration to methods of determining the qualifications of candidates for licensure."

Guidelines for Neighborhood Health Centers oppose the closed panel concept and provide that patients should obtain dental care through private dental offices.

Title XIX guidelines stress the importance of prevention, recommend treatment by private practitioners, and give highest priority of comprehensive dental care to eligible children.

Guidelines for Comprehensive Health Planning encourage constituent and component participation in areawide planning, recommend

that dental care be an integral part of comprehensive health planning, and that the unmet dental needs of the indigent population receive high priority.

The House adopted a resolution urging state societies to consult with state boards to develop mechanisms to foster continuing education programs for licensed dentists.

On radiation hygiene the delegates voted to amend one of the ADA's recommendations to read: "Radiograph examination is a diagnostic procedure. The dentist's professional judgment should determine the frequency and extent of each radiographic examination."

Two resolutions amended the Principles of Ethics. Section 15 was expanded to read: "A dentist may not use his title or degree in connection with the promotion of proprietary schools or other commercial endeavors or products."

Section 8 was amended to read: "The dentist has the obligation of not referring disparagingly, orally or in writing, to the services of another dentist to a member of the public."

New GTI Building

Ground was broken for a new Health-Science Building at Guilford Technical Institute near Jamestown on October 28. The new air-conditioned, two and a half story structure will cost \$680,000 and will house the dental assistant and dental hygiene training programs, laboratories for chemistry, biology, and physics, as well as the practical nursing program. It is expected to be ready for use when the school begins its fall semester in 1969.

Central Office

Loses Mira

Miss Mira Riddle, who has been associated with the North Carolina Dental Society for the past thirteen years, resigned from her position as Central Office Secretary October 31. She has returned to her home in Morganton because of the illness of her mother.

In 1955 Mira, as she was so familiarly known throughout the profession, came to work for Dr. Ralph D. Coffey who was then the Society's secretary-treasurer. When the Central Office was established in Raleigh, in October 1955, she became secretary to Mr. Andrew M. Cunningham, newly appointed executive secretary.

She made her last rounds of the Districts last Fall, and in grateful acknowledgement of her years of devoted service to the Society she received many "going away" presents. The Executive Committee, who perhaps will miss her most of all with but one exception (her boss for thirteen years), presented her with a wrist watch in appreciation of her many contributions to the Society.

On October 21 Mrs. Kathryn Montague of Raleigh became the new Central Office Secretary and assumed the duties for which Mira was formerly responsible.

N. C. Dentist in East Africa

Dr. Charlie H. Harrill of Lincolnton spent five weeks last summer at a small missionary hospital in the high hills of East Africa administering to the dental needs of the natives.



MIRA RIDDLE proudly displays her "going away" present from the Second District.

The only equipment he had available besides forceps, syringes, mirrors, and filling materials was a portable engine and an old eye, ear, nose and throat chair. A gasoline operated generator furnished current to operate the engine.

Dr. Harrill found an old hospital type X ray machine at the hospital which was inoperable. With a little experimenting and adjusting it was in operation before Dr. Harrill completed his five week stay.

Hinman Clinic

"Panels For Progress," a new addition to the scientific program, will highlight the 57th annual Thomas P. Hinman Dental Meeting at the Marriott Motor Hotel in Atlanta March 23-26, 1969.

All guest clinicians will participate in one or more of the panels, designed to cover subjects the audience wants to hear. Panels

will include: Peridental-Prosthetic Panel, Endodontic Panel, Practice Rehabilitation Panel, Restorative Dentistry Panel and a special panel for auxiliary personnel.

Among the twelve featured clinicians on the program is Dr. J. B. Freedland of Charlotte. His topic will be "The Practitioner, The Patient, and The Pulpless Tooth."

Dr. Miller Aboard S.S. Hope

Dr. Fred C. Miller of Jonesville returned late in August from a two-month voluntary tour aboard the S. S. Hope in Ceylon, a small island nation of impoverished people off the southern tip of India.

The S. S. Hope, sponsored by the People-to-People Health Foundation, Inc., and supported by voluntary contributions from the American people, has a staff of 150 physicians, dentists, and paramedical personnel who work with their counterparts in the various countries visited. While in Ceylon Dr. Miller participated in a teaching and treatment program designed to up-grade dental care in a country of 12 million people where equipment is

out-dated and the level of professional training is low.

He divided his two-month stay about equally between lecturing dental students at the University of Ceylon in Kandy and working in the clinic aboard ship.

Commenting on his tour Dr. Miller said: "It was thrilling. We weren't concerned with the trivial things which sometimes complicate American living. We were only concerned with helping those poor people. We did help and it was most satisfying."

Gift of Sight

As educated professional men, dentists will appreciate the program of the North Carolina Eye Bank, Inc., which in association with Lions Clubs throughout the State obtains eye wills for the use of eyes after death. These eyes are used to restore sight in those blinded by injury or infection and the operation is highly successful. The will is authorized by State law and each donor receives a card to carry with him. All eyes are useful for the above purpose or for research.

Anyone interested may contact any member of Lions International or drop a card to Dr. Charles K. Rath, Drawer D, Apex, N. C.

Dental Benefits Expanded

The Department of Public Welfare on November 1 announced an expanded program of dental care



DR. FRED C. MILLER examines patient in Ceylon clinic while dental student observes. Note the face mask on the native dental assistant.

for welfare recipients including diagnostic services, periodontal services, and full and partial dentures. Previously only emergency palliative treatment, extractions, fillings, and repairs to dentures were provided.

Eligible for the new benefits are welfare recipients 65 years of age and older who qualify under the following programs: Old Age Assistance, Medical Assistance to the Aged, and Aid to the Permanently and Totally Disabled.

Dentists providing these services have been requested to bill the State on a usual, customary, and reasonable fee basis. Reimbursement will be according to the State Agencies Dental Fee Schedule adopted October 1, 1967.

It is estimated that the expanded program of dental services will cost the State \$1.5 million annually, based on 40 per cent participation.

Scrap Amalgam Drive Set

Scrap amalgam will be collected by the North Carolina Dental Auxiliary during the week of February 17-22. The proceeds will go to the North Carolina Dental Auxiliary Fund which has been established to provide grants to support varied projects in the field of dentistry in this State. The fund will be supervised by the Dental Foundation of North Carolina, Inc.

Since 1953, the Auxiliary has been conducting annual scrap amalgam drives for the benefit of the North Carolina Dental Society Relief Fund which now has almost \$50 thousand in assets. Present day considerations, including social security, self-employed retirement

plans and other annuity benefits available to the dental practitioner have precluded further accumulation of money in this particular fund, according to Mrs. C. Fred Clark of Durham, chairman of the 1969 scrap amalgam drive. Last May the Auxiliary established the North Carolina Dental Auxiliary Fund to be supported from future scrap amalgam drives. The action was approved by the House of Delegates of the North Carolina Dental Society.

"Discover Dentistry"

"Discover Dentistry," a TV tape produced by the North Carolina Dental Society in cooperation with the North Carolina Association of Professions will be re-broadcast over the WUNC Educational TV network on Wednesday, February 19 at 8:00 p.m.

Designed to interest high school students in a career in dentistry the tape will be shown in the following areas: Asheville, Morganton, Hickory, Greensboro, High Point, Burlington, Durham, Raleigh, Washington, Greenville, and Wilmington.

School guidance counselors in each of these areas are arranging for dentists to serve as consultants and be available for questions by students who will be invited to assemble at the local school to view the broadcast.

The tape is one of a series of six on professional careers sponsored by the NCAP and originally broadcast by WUNC-TV last Spring. "Discover Dentistry" was prepared by a committee consisting of: Drs. William D. Strickland, chairman,

Roger E. Barton, Ben Baker, Robert Wentz, and Roy Earp. It was organized and taped by Dick Snively of the UNC-TV Network.

The Committee was assisted by the late Dr. Lamar Harrison and Mr. Rupert Bynum of the UNC School of Dentistry staff.

NCAP Meeting Set

The North Carolina Association of Professions will hold its annual meeting on Thursday, February 20, at Velvet Cloak Inn, Raleigh.

The annual business meeting is scheduled for 3:00 p.m. and will be followed with a dinner that evening. NCAP members are asked to invite their Representatives and Senators to the dinner meeting. The guest speaker for the meeting will be announced later.

Obituaries

Marshall R. Barringer, 58, of Newton, a member of the First District Dental Society, died December 7, 1968.

Robert P. Hamilton, 48, of Cary, a member of the Fourth District

Dental Society, died December 15, 1968.

Wilbert Jackson, 77, of Clinton, a life member of the Fourth District Dental Society, the North Carolina Dental Society, and the American Dental Association, died October 26, 1968. He was president of the North Carolina Dental Society from 1932 to 1933.

Joshua M. Kilpatrick, 67, of Robersonville, a life member of the Fifth District Dental Society, the North Carolina Dental Society, and the American Dental Association, died December 14, 1968.

Worrell K. Lindsay, 56, of Fayetteville, a member of the Fourth District Dental Society, died July 21, 1968.

John F. Reece, 83, of Lenoir, a life member of the First District Dental Society, the North Carolina Dental Society, and the American Dental Association, died December 10, 1968. He was president of the North Carolina Dental Society from 1937 to 1938.

Thomas K. Smith, 31, of Fayetteville, a member of the Fourth District Dental Society, died September 30, 1968.

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200.00	100.50	114.50	164.50	228.50	282.50
150.00	76.50	87.00	124.50	172.50	213.00
100.00	52.50	59.50	84.50	116.50	143.50

Plan L-65

Plan L-65		Maximum Accident Benefits Lifetime		Maximum Sickness Benefits To age 65	
SEMI-ANNUAL RATES					
Weekly Benefits	Under 30	30 - 39	40 - 49	50 - 59	60 - 69
\$250.00	\$154.50	\$177.00	\$242.00	\$324.50	\$352.00
200.00	124.50	142.50	194.50	260.50	282.50
150.00	94.50	108.00	147.00	196.50	213.00
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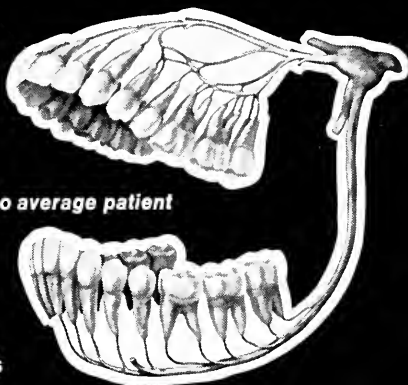
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from milk or its equivalent in dairy foods . . . 2/3 the calcium . . . 1/2 the riboflavin . . . 1/4 the protein . . . and 1/5 the vitamin A . . .

from the meat group . . . when some eggs and glandular meats are chosen . . . 1/3 the protein and iron . . . 1/2 the niacin . . . and 1/4 the thiamine, riboflavin and vitamin A . . .

from vegetables and fruits . . . all the vitamin C . . . 3/4 the vitamin A value . . . 1/4 the iron . . . and 1/5 the thiamine . . .

from enriched or whole grain breads and cereals . . . 1/4 the thiamine . . . and 1/5 the niacin and iron.

Each group provides significant amounts of other nutrients. Milk and dairy foods provide some of all nutrients known to be essential to man. Breads and cereals supplement the protein, B vitamins and minerals of milk, meat, vegetables and fruits.

Eaten in minimum amounts suggested, these

A GUIDE TO GOOD EATING — USE DAILY DAIRY FOODS

3 to 4 glasses milk—children • 4 or more glasses teenagers • 2 or more glasses—adults • Cheese, cream and other milk-made foods can supply part the milk

MEAT GROUP

2 or more servings • Meats, fish, poultry, eggs, cheese—with dry beans, peas, nuts as alternates

VEGETABLES AND FRUITS

4 or more servings • Include dark green or yellow vegetables; citrus fruit or tomatoes

BREADS AND CEREALS

4 or more servings • Enriched or whole-grain add milk improves nutritional values

foods form the basis of an adequate diet. Additional amounts of these or other foods are usually needed. Sugars, syrups, fats and oils used in preparation provide mainly energy.

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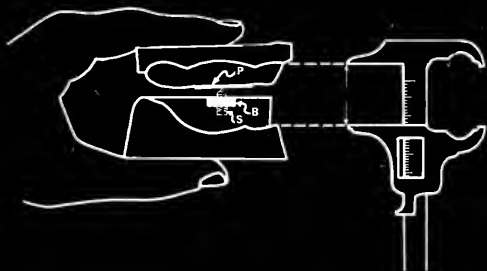


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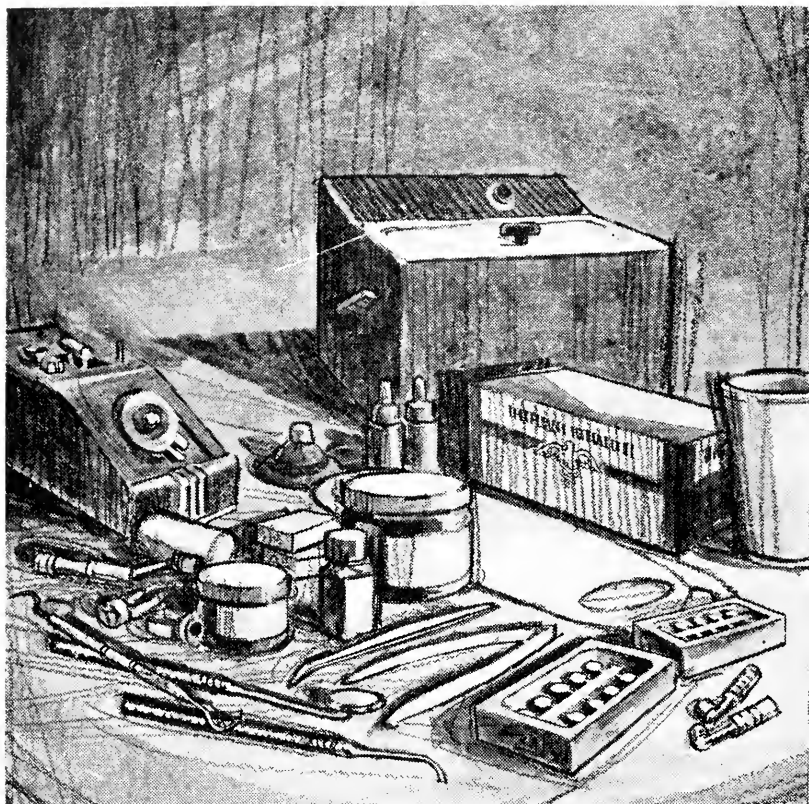
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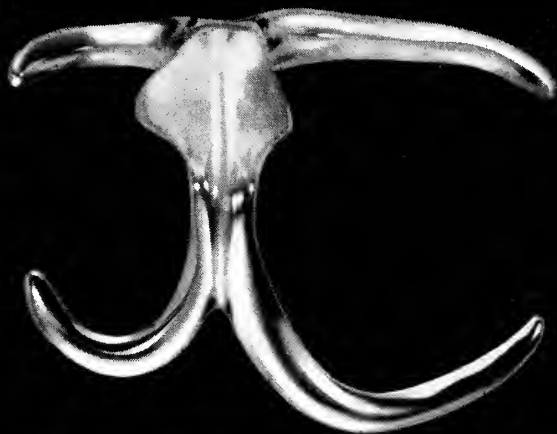


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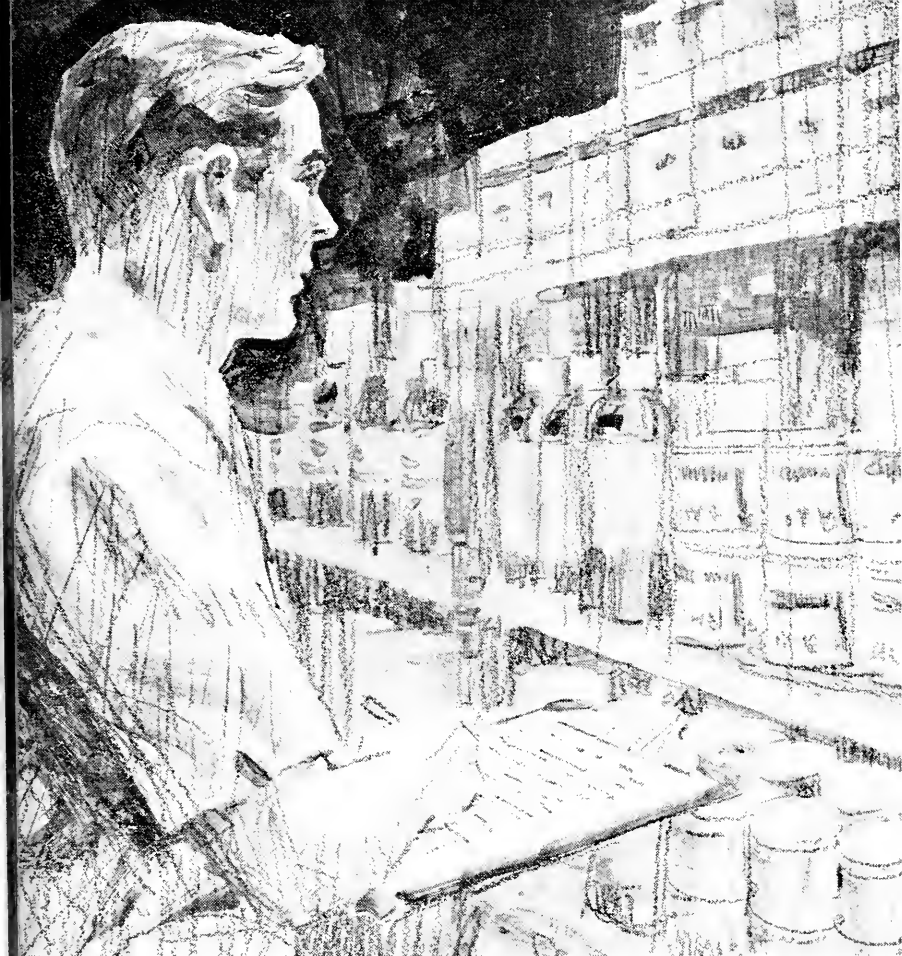
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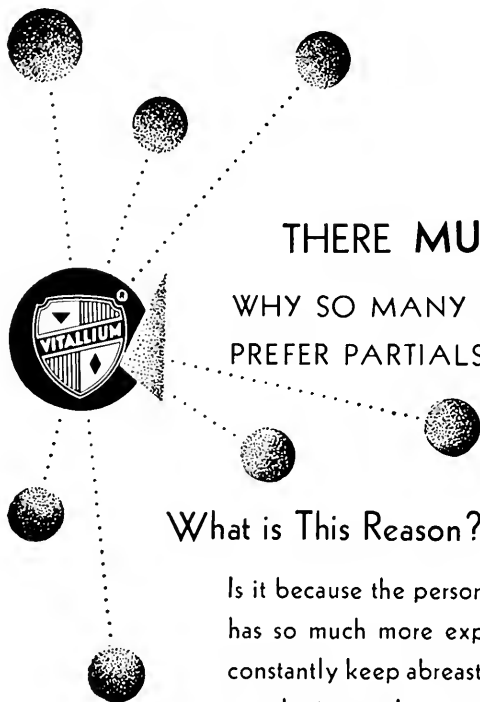
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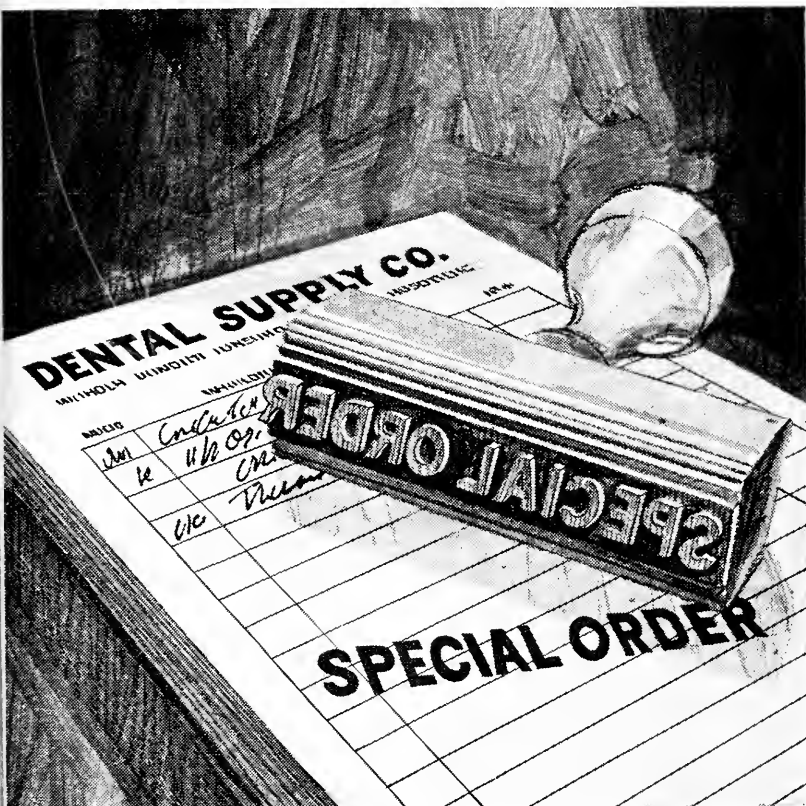
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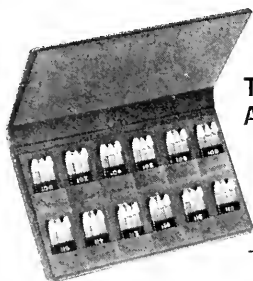
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APRIL 1, 1969

	Page
Dedication	Roberts 4
President's Page.....	Osborne 5
Editorials	6
Who Needs This Investment?	
Miller and Beleos	10
The Factors That Cause Destruction..	Graham 13
Oral Hygiene Practices of Dental Patients in North Carolina.....	Allen 16
A Case History.....	Grantham 24
General News.....	25
Obituaries	28
N. C. Joins "Smile-In".....	29
Convention Program.....	31

COVER PICTURE: A familiar scene to Society members. The Carolina in Pinehurst, headquarters for the 113th Annual Session, May 11-14.

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*In grateful appreciation
this issue is dedicated to . . .*



**Pearce Roberts, Jr., D.D.S.
Asheville**

Dentistry has made great progress during recent years, due in large part to men in our profession that have given unselfishly of their time and talents. It is only fitting that this issue of THE JOURNAL be dedicated to a man who has done just this.

Dr. Pearce Roberts was born in Weaverville, North Carolina, attended Mars Hill College, and graduated from the Medical College of Virginia in 1941. He interned in Walter Reed Hospital and entered private practice in Asheville in 1946.

His record of leadership and achievement in dentistry is illustrated by his participation in numerous professional organizations. He has been a true leader in our Society, having held many local, district and state offices, including president of the State Society.

We are indeed fortunate to have a man of such uncompromising and unselfish dedication providing leadership in our profession today.



The President's Page



Dr. Harold Maxwell has given us assurance that our 113th Annual session to be held in Pinehurst May 11-14, will be a lucky one. You are cordially invited to participate in an outstanding four-day session, and encourage your attendance with the idea of taking home some knowledge which will help you in your daily practice of dentistry.

The outstanding clinicians — Dr. Ralph Phillips of Indianapolis, Dr. Bill Doland of Coral Gables, Florida, and our own Dr. Galen Quinn of Durham — will provide the background for a new approach to scientific knowledge. You would not wish to miss this kind of information because it will provide ideas that will be useful in “bread and butter” dentistry.

This program has been designed to reach our hygienists, dental laboratory personnel and assistants, whatever their capacity in your offices. Please extend an invitation to them so that they will feel we need their participation. It would be helpful if you could supply their names to Mr. Cunningham so that we might pre-register everyone who will be invited to attend.

The President-Elect of the American Dental Association, Dr. Harry Hendon of Wichita, and our trustee Dr. Arthur W. Kellner will be with us. Please make it a point to meet these gentlemen if you do not already know them. Consider the value in making them feel welcome and extend this courtesy to all our visitors.

It is impossible for any President to properly express his appreciation for those who have done so much to make his term of office a success. With this thought in mind, I humbly submit to you that the things we have accomplished this year have been largely due to the untiring, unselfish devotion to North Carolina dentistry that is shared by many members. I am proud of each one and admire more than ever their willingness to forget the cost in time, family contact and financial sacrifice.

COLIN P. OSBORNE, JR.

Editorials

NORTH CAROLINA IS A LEADER

It is through the dedicated members of our dental profession that makes this state a leader. Visit ADA headquarters and you find immediately the respect given to North Carolina. This does not just happen. It is through your elected officials from district to state to national levels working for you. It is through the leadership provided by our dental school faculty. It is through your elected officials from district to state to national levels working for you. It is through the leadership provided by our dental school faculty. It is through the dedicated dentists who volunteer their time and knowledge to auxiliary schools for no remuneration except their helping to progress dentistry. It is through members of our profession serving their communities and state by their civic involvements. It is your executive committee, your state board, and many various planning committees that meet until the dawn hours planning the future of dentistry for both the practicing dentists and our public. It is dental politics. Why are these

men so dedicated to dental politics? Only one answer. They are dedicated for *you*.

They must be doing their job well. Seven states, two years ago, got through their legislature as much of the North Carolina Dental Practice Act as possible. At this writing seventeen states are attempting to secure the permissive legislation for dental auxiliaries as North Carolina has under its rules and regulations authority of our practice act.

An attempt is being made to secure the cooperation of the Council on Dental Education, the American Association of Dental Schools, the American Dental Hygienists Association, the American Dental Assistants Association, in conjunction with the American Association of Dental Examiners to formulate a definite and concrete proposal or formal training for dental auxiliaries for all the dental profession to approve and to activate. North Carolina's influence will be felt in this endeavor as North Carolina is and will continue to be a leader.

PHI BETA KAPPA CURTAIN

The trend in selection of students for the various educational programs in dentistry threaten to cut society in two. This may be true in other areas of student selection also. We are in danger of confining access to opportunity to less than half of our young people, who have either marked exceptional abilities for assimilating facts or have uni-

laterally and solely addressed their energies to procurement of grades. We are thus denying full citizenship and opportunity to a large group — 15 to 20 per cent, perhaps, of our young people who have concerned themselves with civic, cultural, character building, church and family pursuits while in their academic preparation. These young

people historically and factually, while not denying or taking anything away from the exclusive group, are the ones who have contributed so generously over the years to the growth of the dental profession.

The comment of a learned dean of a school of dentistry is, in fact, supported by what we see all too often — "There is a tendency and in fact it's understandable that the young man who for 12 or 15 years concentrates all his energies on the pursuit of just a grade for its value may easily transfer his pursuit to the dollar bill when once he no longer has all his decisions made for him."

In a knowledged society, school and life can no longer be separated. They have to be linked in an organic process in which the one feeds back on the other. Do we want in dentistry persons who will be continuing students responsive to the moral character of our communities' civic and social life? Or would we rather have persons who can terminate their "educational experiences" with all the answers, responsive to none?

By denying opportunities in fields of dentistry to that 15 to 20 per cent of our population with superior ability, capacity to achieve, motivation, and a sensitive responsiveness, we shortchange our profession. No evidence is at hand that there is much correlation between ability to perform in life and work and grades accumulated (except perhaps in purely academic work). There is no reason to believe that a Phi Beta Kappa key certifies too much more than that the holder has sat for a long time and intently pursued the abstract.

This attitude is not only new in American history, it is singularly stupid. The great strength of American dentistry throughout history lay in our willingness to look at people from all perspectives, to use human resources, in our willingness to put total ability, ambition, background and dedication to productive use wherever it arose.

While we all recognize the great difficulty of selecting people for the various programs in dentistry, there is and must be a general concern for the blind acceptance of the unilateral "academic ability." Would not all our information suggest that perhaps this may be an accident of birth, just as race, or sex, and not a very meaningful one at that. The "curtain" that is being so indiscriminately drawn necessarily raises these questions — has success spoiled the schools? Will the schools further separate themselves from their sole support, the citizenry? Education last year required approximately 75 billion dollars in this nation, public and private. This expenditure will continue to increase. Does dental education not need the support of the profession to sustain its part in the total economy?

If the Phi Beta Kappa curtain is to be drawn, practicing dentists will have to draw it. It is with no pride that you are reminded that we shared in the generous amount of 87 cents per dentist in 1967 donated to the American Fund for Dental Education. O yes, you are right, some of us gave a bit to our individual schools!

You hold the string that controls the Phi Beta Kappa curtain. Yours is the decision. What will it be?

This date will make more of a significant change in your practice than did the advent of the air-turbine handpiece. This marks the end of preceptorship training for dental assistants. Any person who becomes employed as a dental assistant after January 2, 1970 without having completed an accredited education and training program will remain a Category I dental assistant until certification eligible.

What This Means

1. That assistants will be classified by their training and education and their permissive duties will be governed by this training.

2. Outsiders are not making the policies for the practice of dentistry in this state. They are made through you, for you, by your elected State Board members.

3. The North Carolina State Board of Dental Examiners can by its rules and regulations allow dentists unlimited permissive use of auxiliaries if the majority of practicing dentists of this state so decrees.

4. The Board wishes to greatly expand the duties of auxiliary personnel but would reserve these expanded duties to those with formal education.

5. It is believed this is the best way to build a dental health team to meet the growing demands on dentistry.

6. These trained auxiliaries will be delegated this authority of permissive duties within the practice act and their actions can be defended in court if need be. Your protection.

This Class I assistant will be al-

lowed to do all that an assistant can do today but will not have expanded duties now planned for the Class II assistant. It is hoped this will encourage assistants to become certified. This trained auxiliary will receive more recognition and her value to the dental team will be increased because of these expanded duties.

The day has past when the labor market permits easy procurement of employees. How fortunate we are in North Carolina to have (FIVE) schools for training of auxiliaries. The dentists can and should definitely influence the training given by these schools. Is it not possible that programs of certification can be offered as night courses, for those already employed, which need not be of extensive length or expense? Today's practice of dentistry can be no better than those performing it. Is it not feasible for an assistant to have a basic knowledge from which her doctor can further train her? Will this program hinder the practice of some because of their geographic location? Will this program be in the best interest of the dentist, the public, or both? Are these changes for prosecution or protection? There are many questions to this problem but also an equal number of solutions to keep dentistry in this state progressive.

Any questions on this permissive use of auxiliaries directed to THE JOURNAL will be answered in the next issue. This is an important step we are facing. It involves all of us. The state meeting in May will give you direct access to all of your elected officials. Ask questions. Demand answers.

HOW ABOUT THIS?

Where are we headed? Can those who would change the superstructure sail the ship?

As this nation went into armed conflict resulting in the now so-called Civil War, a British thinker, Thomas McCauley, looked our way and left these thoughts. . . .

"Your republic will be fearfully plundered and laid to waste by barbarians in the twentieth century as the Roman Empire was in the fifth, with this difference, that the Huns and Vandals who ravaged the Roman Empire came from without and

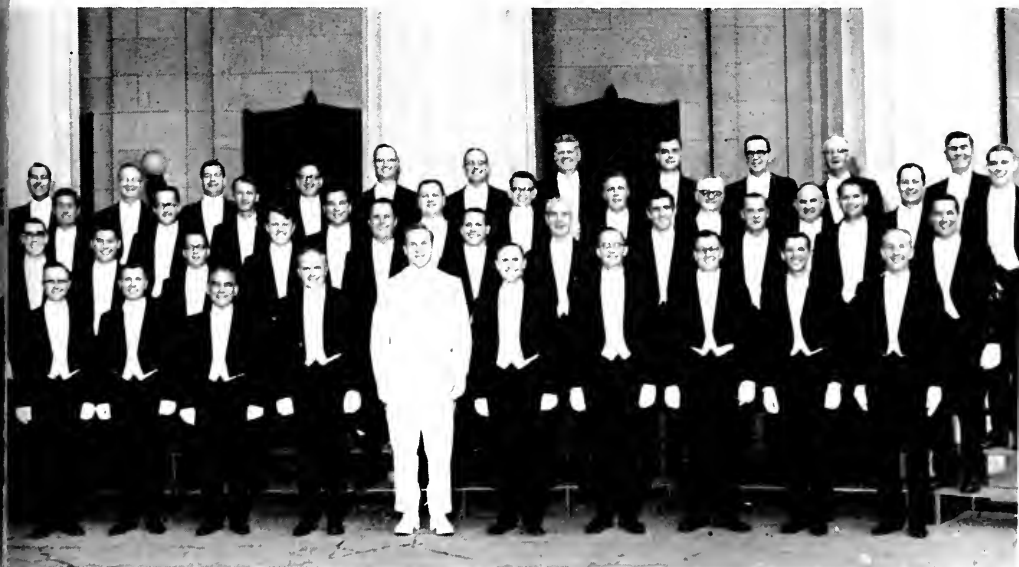
your Huns and Vandals will have been engendered within your own country, by your own institutions."

What institutions?

Social Welfare? Civil Right? Civil Liberty? Quality Education? Health Service for everyone

A ship is a ship because of particular characteristics — architectural features — and so it is with man — he separates from other animals by reason of his dignity and pursuit of freedom — how about this? — Let's let dentistry do its share to prove McCawley wrong!

BARBER SHOP HARMONY will be presented by the Raleigh Chapter of the Society for the Preservation and Encouragement of Barber Shop Quartet Singing in America, Inc., on Tuesday evening during the 113th Annual Session at Pinehurst. Paul B. Conway directs the group and Dewey Huffines, Jr., is the master of ceremonies.



Who Needs This Investment?

by Barry G. Miller

and

Helen Beleos

TO SOME dentistry and meal-planning seem so far fetched. The fact that the dental dollar and food dollar could be used more efficiently for a bountiful long life filled with recognition is a vague thought. A vibrant, energetic personality is someone else.

The All-American beauty and athlete do not just happen. Their glowing health, their easily recognized personalities, their enthusiasm, and their many resources saved are direct results of good nutrition.

When consultations are held with parents and patients, then their everyday living can be observed. During these consultations, the dis-

cussion of a daily diet plan must be brought into focus.

To many these aspirations make good sense and the doors are opened to a new adventure through the oral cavity!

When a typical consultation begins, a discussion follows to determine the type of diet plan that can be employed to avoid an all carbohydrate meal and snack time.

Consultant: "Good morning! We appreciate this opportunity to share a few minutes with you the ideas of good nutrition in and for dentistry.

"When a person's intake of carbohydrate is excessive, the acid formed from the action of bacteria on certain types of food may break

down tooth enamel. This allows bacteria to penetrate the inner portion of the tooth. Once the tooth is completely formed, the susceptibility of caries cannot easily be changed. Fully matured teeth do not accept new nutrients in any significant amounts. The oral bacteria in the saliva and in the dental plaque as well as the food that remains lodged in and around the teeth can be controlled — but not always eliminated.

“That is why we stress appreciable amounts of proteins, vitamins and minerals in the diet with reduction of carbohydrates.”

Concerned Parent: “What are some of the carbohydrate foods that are not beneficial?”

Consultant: “Jams, jellies, carbonated drinks, crackers, potato chips, cookies, candy, sweetened prepared cereals are some of the starches and sugars that tend to stick or remain between the teeth and hence, the teeth should be cleaned, and the mouth rinsed shortly after eating. This practice, if taught to children at an early age and encouraged, will become a persistent habit.

Concerned Parent: “What foods could best be used for snacks?”

Consultant: “Apples, carrots, celery, cucumbers, pears, and oranges are good detergent foods containing vitamins and minerals. One might even stuff the celery with different cheeses for added protein. Cold meat cuts (perhaps left-over from a roast-beef, veal, chicken), boiled shrimp, deviled eggs are excellent protein snacks. For beverages, limeade, lemonade, orange juice, milk (no chocolate syrup added) are the most nutritious. The artificially sweetened colas and kool-aid can be used.

“Actually, there is still another consideration of snack foods, and that is the detergent function of apples, pears, carrots, celery, and such foods. These foods, hors d'oeuvre types, stimulate saliva and dilute acids. They may tend to cause oral organisms and debris to undergo deglutition. Finally, there is hydraulic action which tends to originate currents to displace fluids and precipitants from fissures, interproximal spaces, and cervical areas.”

Concerned Parent: “Will these foods replace the tooth brush?”

Consultant: “No, but we wish to help in any way we can. These helpful aids we are offering to you in hopes you will more assuredly manage dental health at home.

“Did you know that the food dollar takes almost one-fourth of the total consumer income in the U.S.? Many of the convenience foods cost more than the old-fashioned, simpler foods that we were discussing previously.”

Concerned Parent: “What are some foods that can be given to smaller children?”

Consultant: “Your first aim is getting an adequate amount of protein and essential vitamins into the diet. Children usually like meats, fish, and poultry that are tender and mild in flavor and do not require much chewing. Ground lean meats are popular. Small strips of meat that can be picked up in fingers and eaten are also suggested. Eggs, prepared many different ways, and cheese are favorites. Bread is usually taken in large quantities. The nutritive value of whole wheat bread is greater than that of white bread, even when enriched flour is used.”

Concerned Parent: "Why is this the case?"

Consultant: "The whole wheat flour in bread contains the entire kernel of wheat, which is a good source of protein, the B vitamins, Vitamin E and iron. Enriched bread and flour have been processed and original value has been lost. When vitamins are added, the foodstuff has only been partially restored."

Concerned Parent: "What about breakfast cereals? How nutritious are they?"

Consultant: "Prepared cereals are largely carbohydrate which is quickly changed to sugar during digestion. They are likely to be more expensive than the whole grain cereals which can be bought in bulk and cooked. A good example of the whole wheat cereals which are good sources of protein and B vitamins is oatmeal and cream of wheat."

Concerned Parent: "I can't seem to get my children to eat breakfast. How important is this meal?"

Consultant: "Our blood sugar level, which determines our energy and level of efficiency during the day, is at its lowest when we awaken in the morning. Ordinarily, one thinks that a carbohydrate breakfast would be the answer for the quick energy one needs. The blood sugar level rises quickly, but within a relatively short time can fall below the pre-breakfast level."

"In the many studies that have been made, the high protein meal has produced more energy and the level of efficiency has stayed high over a five to six hour period. It is when there is a combination of sugar, and protein and fat (which slows digestion), that sugar is absorbed gradually into the blood—

then energy is maintained at a high level for many hours.

"It is important that we realize that lack of energy and inefficiency during the morning hours may relate to poor grades, fatigue, irritability, not only in our children but in ourselves."

Concerned Parent: "What is a basically sound breakfast?"

Consultant: "The breakfast should be more than a hurried snack. It should include citrus fruit or juice, whole grain cereal, egg and or meat, whole wheat toast—perhaps with various cheeses, a glass of milk."

"The parents' attitudes are important. The parent who expects the child to eat fosters good eating habits. The child who is relaxed and happy at meal time enjoys good food habits."

Concerned Parent: "Should I continue with a high protein lunch and dinner?"

Consultant: "Definitely. It is the protein, vitamins, and minerals which build the healthy tissues in the body, not the carbohydrates."

When parents wonder how a service like this is rendered at no added fee — a dental office can philosophize with them. If the public has the facts, they'd be willing to pay any fair fee within their means or structure.

Then a practice can be more selective of their patient load — vying for patients who are more concerned with longevity. A practice can become economically sound, with dentistry reaching new dimensions thus creating proper recognition for the profession among civic life.

1927 BRUNSWICK AVE.
CHARLOTTE, N. C. 28207

The Factors That Cause Destruction

by James A. Graham, Jr.

MANY DENTISTS are in a state of frustration because their patients are slowly but surely losing their teeth. How many of us can look the patient in the eye and tell the truth when he asks, "Why must I lose my teeth?" We might mumble one of the following reasons: "It's one of those things," "It's part of getting old," "Your teeth won't hold fillings any longer," "Too many children, too fast, I guess." These are just some of the half-truths that are told to patients in order to exonerate oneself from the blame. Now the dentist is not always to blame for a dental disaster. However, he is responsible if he has not utilized the available knowledge and his skill to educate the patient as to how to have good dental health.

Why do people lose teeth? Basically for three reasons: accidents, decay, and periodontal disease.

Prevention of accidents would help, and in most cases good orthodontic treatment could prevent fracture of upper anterior teeth, but generally we are forced to accept accidents.

Caries is due to microorganisms and is associated with diet and oral hygiene. We know that oral hygiene and the elimination of refined sugars and starches from the diet, plus accepted treatment using an acceptable fluoride, can control decay. Also, is it not important to

detect and eliminate lesions as they occur while they are small through careful clinical and radiological examinations?

Periodontal disease has been said to be responsible for 80 per cent of all tooth loss. Basically, the primary cause of periodontal disease is microorganisms. These bacteria literally glue themselves to the teeth and their waste products cause gingival irritation which in turn leads to subsequent periodontal and alveolar breakdown. This factor can be further complicated by occlusal stress.

If we accept these generalities as being fairly close to the truth (and after some thinking the dentist will realize that basically they are) we come to the conclusion that the two main destructive factors in the oral cavity are microorganisms and occlusal trauma. What procedures then can we institute toward prevention of dental disease by these factors? Certainly, a program of oral hygiene. However, this is useless unless the patient can be shown the need and be motivated toward having a clean mouth.

We have devised a method to satisfy the requirements of such a program and would like to present it.

At each appointment, immediately after being seated in the operatory, the patient, adult or child, is given a disclosing tablet to chew

and is asked to swish around the teeth. Then he is asked to swallow. This procedure eliminates spitting and thus splattering everything within range (including the equipment and the assistant). The patient is rinsed and asked to swallow again. He is then given a hand mirror and shown the plaque and debris areas. The dentist or hygienist then takes an explorer and shows how easily this is removed. The next procedure is for the operator to take a soft bristle tooth brush and demonstrate the technique for removing the stain. No one brushing technique will usually be found capable of removing all of the stain, and modifications must be made to suit the individual. The patient is given four tablets, told to break each one in half and to use them as demonstrated for the next eight brushings. Ordinarily, this will be enough brushings for him to learn how to keep the teeth and gingiva clean.

The results of this program have been rather eye-opening for both the patient and the dentist. At least 95 per cent of the mouths examined have proven to be almost totally deficient in oral hygiene and through this program the patient has been given incentive to keep it clean.

In the case of children, this procedure is carried out with the parent present, and the parent is instructed to supervise or to actually brush the child's teeth.

If this method of testing for good oral hygiene proves that the patient is exercising good home care, then other factors must be suspected. The other primary cause of destruction is occlusal stress.

Occlusal stress is a result of the

violation of the five cardinal principals for a good occlusion. These are the following:

(1) Stable stops on all teeth when the condyles are in their most posterior superior position. (Centric relation)

(2) An anterior guidance which has group function in harmony with the border movements of the envelope of function and which permits the full range of the temporomandibular joint.

(3) Dis-occlusion of all posterior teeth in protrusive movements.

(4) Dis-occlusion of all posterior teeth on the side opposite the working side. (Non-functioning side)

(5) Group function of all teeth on the working side in precise harmony with the outer border movements of the temporomandibular joint and also the anterior guidance.

Let us define a few terms in order to achieve understanding of these five principles. In number one we define centric relation as the most retruded position of the mandible.

In number two, anterior guidance is the movement of the mandible which is guided by the inclines of the upper and lower anterior teeth. Group function is maximum tooth contact in all functional positions. Border movement is the limitation of movement placed on the condyle by the ligaments.

If any of these five criteria are missing, they must be compensated for by some tongue habit, muscle spasm, or other defensive mechanism with or without pathology.

The study of occlusion is not so complicated that the dentist desiring to do so cannot attain a fundamental understanding of the subject. A word of caution should be in

jected here in regard to this. If occlusal equilibration is attempted without regard to all five criteria, many problems can be created in a neuro-muscular system which is already out of harmony.

Admittedly, there are systemic factors influential in the oral cavity which can contribute to destruction, and we should never discount their effect. However, to blame systemic conditions 100 per cent is self-deceptive and often used to explain our inadequacy in diagnosis and treatment.

In general, we can reduce the requirements for oral health to two primary factors. The first is the removal of those microorganisms which produce the destruction by both caries and periodontoclasia,

through thorough cleansing of the teeth, good diet, elimination of pockets, and good operative dentistry. The second is the establishment of an occlusion which is not traumatic to the teeth, periodontal structures, and the temporomandibular joint and its associated neuro-muscular structure.

We believe that these procedures will produce patients who are interested in and understand good dentistry, who are comfortable and have confidence in their dentist, who will have a better chance to keep their teeth for a life time, and to have a happier, more competent dentist.

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Oral Hygiene Practices of Dental Patients in North Carolina

by Don L. Allen

ORAL HYGIENE is accepted as one of the most effective preventive dentistry procedures. The proficiency of patients in oral hygiene is influenced by their level of dental hygiene education, their manual dexterity, and their motivational attitude towards it. There is little question that these motivational aspects are extremely complex. If oral hygiene is to be accomplished effectively, a rigid daily habit must be developed. The dental profession must look more deeply into those aspects of psychology that are involved in the motivation of people — in this regard, the motivation of patients to follow instructions given them in oral physiotherapy.

Epidemiologic studies show a high prevalence of dental caries and periodontal disease among North Carolinians, indicating the need for preventive dentistry including better

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oral hygiene practices. The purpose of this survey was two-fold: (1) to determine the oral hygiene practices of dental patients in North Carolina and, (2) to gain some insight into certain factors which may be instrumental in the motivation of these patients towards oral hygiene. No attempt was made to evaluate the actual clinical effectiveness of their oral hygiene practices.

Materials and Methods

Copies of a questionnaire (Fig 1) in which the patient merely had to check the appropriate answers were distributed to patients at the UNC School of Dentistry Adult Clinic and the Intramural Private

Practice and in a general dental practice in each of the following cities: Morehead City, Smithfield, Burlington, Charlotte, Morganton, and Asheville. The survey was conducted during the winter and spring of 1966-67.

The personnel in the participating practices and at the school were asked to distribute the questionnaires to consecutive new adult patients. For the purpose of this study a North Carolina dental patient was defined as an adult who had lived in this state for at least ten years and who had previously had some dental treatment. Of the 350 questionnaires distributed, 202 qualified by this definition. One hundred six patients were seeking care for the first time at the School of Dentistry, whereas the other 96 were entering the practices of the general dentists.

All questionnaires were analyzed together since a geographic representation had been achieved and there were no reasons to believe the sample had been skewed. As will be noticed in Figure 1, a few patients did not answer every question on the questionnaire.

Results

The gross results obtained from the 202 questionnaires are shown in Figure 1. The numbers underlined to the left of the choices is the total number of the 202 subjects who checked that particular choice to the respective question. In several instances more than one answer was given, and in a few instances the subject refrained from answering a question at all. The number in parentheses to the right indicates the total number of responses to that particular question.

Correlations:

1. Patients who had gone to the dentist most frequently, were more likely to have been given oral hygiene instructions (Fig. 2). 68.1 per cent (32 of 47 subjects) of those going to the dentist twice or more per year had had instructions; whereas only 43.5 per cent (57 of 131) of those who went less than twice per year had received instructions.

2. 70.4 per cent (19 of 27) of the subjects who had two or more oral prophylaxes per year had had oral hygiene instructions. Only 42.0 per cent (71 of 169) who had had a prophylaxis less than twice each year had received instructions on brushing.

3. 83.0 per cent (78 of 94) of those who had been given brushing instructions, brushed twice or more each day (Fig. 3). Only 57.1 per cent (56 of 98) of the subjects who had not been given instructions brushed two or more times per day. 80.1 per cent (38 of 47) of those who brushed more than twice per day had received instructions.

4. Since 96.3 per cent of all subjects thought they knew why they should brush, there was no differential between those who had been given instructions and those who had not.

5. Of those who thought they had gained the knowledge of why they should brush in the dental office, 72.0 per cent (35 of 40) had been given instructions professionally. 42.4 per cent (56 of 132) who had gained their dental knowledge non-professionally had been given toothbrush instructions used auxiliary aids in oral physiotherapy. Only 19.0 per cent (15 of 79) of those

FIGURE 1

Chart No. _____

Please check the appropriate items which most accurately answer the following question:

1. How long have you lived in North Carolina?
167 All my life 20 20 years
15 10 years Less than 10 years (202)
2. Approximately how often have you had dental appointments during the last ten year?
19 More than twice every 44 Less than one time each year
48 Twice each year 41 Only for emergency treatment (202)
50 Once each year
3. How often have you had your teeth cleaned in the dental office during the last ten years?
6 More than twice every 39 Once each year
year 80 Less than once each year
30 Twice each year 43 Not at all (198)
4. Has a dentist or his dental assistant ever shown you how to brush your teeth?
110 Yes 92 No (202)
If yes, please check the appropriate place below (if any):
78 A demonstration of how to brush was given to you.
11 You showed the dentist in your own mouth how you thought you were supposed to brush.
22 You practiced the brushing method that the dentist or assistant had given you and later showed him how you were brushing.
(111—one subject checked two choices)
5. How often do you brush your teeth each day?
6 Less than once each day 110 Twice each day
39 Once each day 47 More than twice each day (202)
6. Have you ever been told by a dentist that you had gum disease trench mouth, or pyorrhea?
31 Yes 163 No (199)
If yes, were you treated for the condition?
24 Yes 7 No (31)
7. Do you think you know why you should brush your teeth?
184 Yes 7 No (191)
If yes, check the source of your knowledge:
54 Dentist or Dental 23 Magazines, newspapers, Assistant T.V., etc.
25 Friends and family 142 Is common knowledge
(244—Some checked more than one item)
8. Has a dentist ever given you or suggested that you obtain a toothbrush?
41 Yes 149 No (190)
9. Has a dentist ever utilized a tablet or solution that stained germs or bacteria on your teeth?
15 Yes 172 No (187)

10. Do you know in a general way what causes?
 a. Gum disease 116 Yes 70 No (186)
 b. Tooth decay 177 Yes 13 No (190)
11. Check the following items which you use on a regular basis to help keep your teeth clean.
 79 Toothpicks 68 Chewing gum
 66 Dental floss 7 Water spray device
 27 Rubber tip or cup 15 None
 149 Mouthwash
 (411—Many subjects checked more than one item.)
 Did a dentist or dental assistant suggest that you use the items checked above? (Omit if you checked "none".)
 58 Yes 113 No (171)
12. Has a dentist ever told you that you were not doing an adequate job of keeping your teeth clean?
 50 Yes 145 No (195)

Figure 1. Questionnaire form used in this survey—The number in the place where the patient checked represents the number of subjects of the 202 studied who checked that particular answer. The number in parentheses at the right indicates the total number of answers to that question.

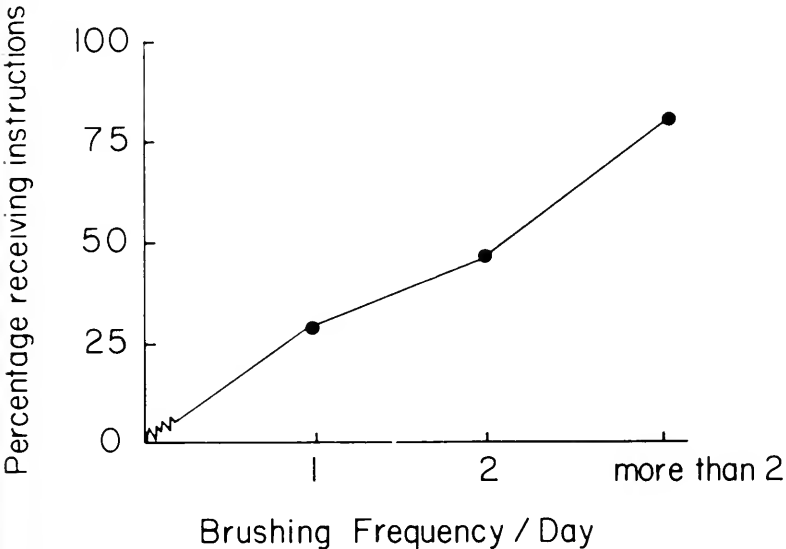


FIGURE 3: Relationship of patients having received oral hygiene instructions to their daily brushing frequency.

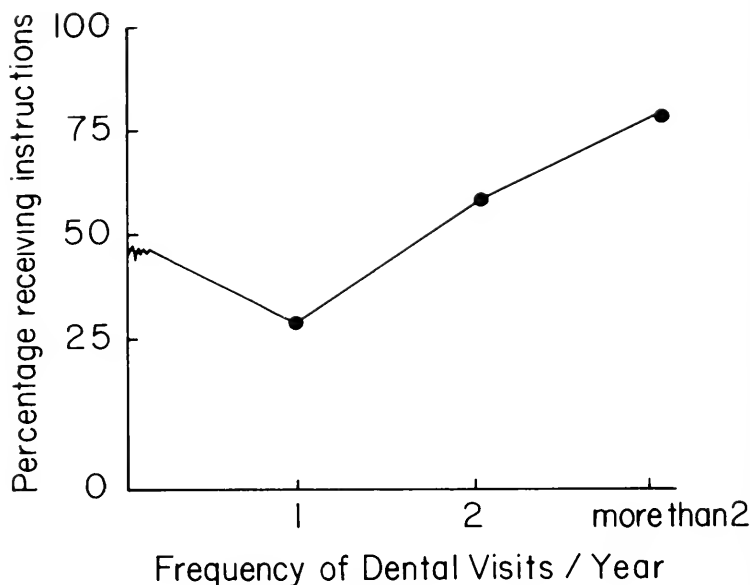


FIGURE 2: Relationship of frequency of dental visits to percentage of patients receiving oral hygiene instructions professionally.

who had not received instructions used them.

7. Only 3.6 per cent (3 of 83) of patients who had not received brushing instructions had been given a brush or had been told to obtain a brush by a dentist. 32.6 per cent (31 of 95) who had received instructions had also been given a brush or instructed to get one.

8. There was little difference between the group who had been told they were not doing a good job of brushing and those who had not been told, as far as the dentist suggesting that they get a toothbrush is concerned. 32.4 per cent (12 of 37) in the former group were told to get a new brush and 34.3 per

cent (34 of 99) in the latter group.

9. Of patients who frequented the dentist two or more times each year, 32.6 per cent (15 of 46) had been told that they were not doing an adequate job of brushing. 22.0 per cent (18 of 82) of those going one or less times each year were told the same.

10. 85.5 per cent (100 of 117) who thought they knew what causes gum disease brushed two or more times per day. 60.0 per cent (42 of 70) of those who did not know also brushed twice or more each day.

11. Likewise, 78.2 per cent (140 of 179) of those patients who thought they knew what caused

tooth decay brushed twice or more daily, while only 53.8 per cent (7 of 13) who did not know brushed twice or more each day.

12. Of those patients previously told by a dentist that they were not doing an adequate job of brushing 58.9 per cent (33 of 56) were brushing at least twice per day (at the time of the questionnaire), whereas, of those patients who had not been told, 74.5 per cent (105 of 141) were brushing twice or more daily.

Discussion

It is apparent that firm conclusions cannot be drawn from a survey study. There is always the question of whether a representative sample of the population at large has been obtained. Undoubtedly some subjects answered questions inaccurately. In no instance can a cause and effect relationship be assumed. However, the relatively high number of questionnaires evaluated, the geographic distribution, and the fact that the subjects answered the questions anonymously should have added validity to this study. In any case, the results should indicate trends in oral hygiene practices and in certain factors which may be motivational towards oral hygiene.

Questions 5 and 11 are directly related to the oral hygiene practices of the population studied. For correlation purposes, two brushings per day was used as the dividing point between an average adequate number of brushings and an inadequate number. It has been shown that brushing twice each day is adequate to maintain healthy gingival tissue. Most of the other questions are related to possible motivational

factors, i.e. the subjects' interest in dental health expressed by their frequency of dental visits (2, 3); their knowledge of the causes of dental diseases (7, 10); and whether or not the subjects remembered the dentist doing or saying something to emphasize the importance of oral hygiene (4, 6, 8, 9, and 12).

Over 50 per cent of the subjects remembered having received oral hygiene instructions in the dental office. However, only one-fifth of that 50 per cent practiced the brushing procedure and later had it evaluated and reinforced by the dentist. The dentist, dental assistant, or dental hygienist have no way of knowing if their hygiene demonstration has been effective or not unless they reevaluate it later. Frequent reinforcement helps increase the efficiency of the patient in this regard. As soon as the reinforcement ceases, patients tend to regress. It is encouraging that when compared to the group who had not been given brushing instructions, those who had were more likely to be brushing at least twice a day.

The 55 per cent who remembered receiving brushing instructions is high compared to another study in which only 17 per cent of 1000 families surveyed reported that they had been instructed by the dentist in oral hygiene. Apparently, however, the group under study in that investigation included people other than dental patients.

Because of the high incidence of periodontal disease in adults, it is surprising that only thirty-one (31) of the 199 subjects answering question No. 6 had been told by a dentist that they had a periodontal problem. It is interesting, however, that of

those told, 77.5 per cent (24) elected to be treated for it.

It may seem unusual that such a high percentage (96) thought they knew why they should brush their teeth. Most of these, however, thought that the "why" of brushing was common knowledge, indicating that they did not remember exactly where they learned it. Of course, the accuracy of their knowledge was not determined, but from a motivational standpoint that is immaterial. It is more surprising that of the people who had been given brushing instructions in the dental office, 42.4 per cent stated that they obtained the knowledge of why they should brush non-professionally. One would have expected they would have remembered learning this from their dentists.

Item 10 indicates the population under study has probably been educated to a higher degree in regard to the causes of dental caries than to periodontal disease. Efforts should be made to better inform adults about the nature and causes of periodontal diseases since it is more likely to be a serious problem for them than is dental caries.

The high incidence of the use of mouth wash as stated in item 11 is compatible with another report. It is interesting that 113 of those 171 responding indicated that they did not use auxiliary aids because of professional recommendations. This is probably just as well since the value of the use of mouth wash must be open to question. It does illustrate how the public can be misinformed relative to oral hygiene practices.

It appears that the dentist does not think a new brush would be a

positive motivating factor in helping the patient develop a better habit of brushing (correlation 8). The novelty effect of something new may have a decidedly beneficial influence on motivation, especially initially. It would also seem that the dentist is somewhat more critical of the hygiene status of patients that he sees most frequently (correlation 9). From correlation 10 and 11, there appears to be a relationship between knowledge of gum disease and caries etiology and the habit of brushing at least twice daily. It seems reasonable that people would be most likely to practice good oral physiotherapy habits if they were aware of the benefits to them. In giving oral hygiene instructions, an explanation to the patient as to why they should brush as well as how may help them become more highly motivated.

Summary and Conclusions

Two hundred two (202) questionnaires obtained from a geographic distribution of dental patients in North Carolina were evaluated in terms of oral hygiene practices and possible motivational factors involved in oral hygiene. 77 per cent of the subjects surveyed brushed their teeth twice daily. 54 per cent had been given oral hygiene instructions, but only 11 per cent indicated that there had been any professional follow-up for re-evaluation. 92 per cent of the subjects used some form of auxiliary hygiene aid but mostly not on the recommendations of a dentist. Mouth wash and toothpicks were the most frequently used aids. Patients who had been given toothbrush instructions were more likely to use auxiliary aids than those who

had not been given instructions, even though the dentist did not mention them.

Generally speaking, patients who had the most frequent dental appointments were likely to be the most highly motivated as determined by their frequency of brushing. This helps emphasize the value of a sound recall system. Seemingly a significantly higher percentage of subjects who had been given toothbrush instructions did indeed brush more frequently than those who had not been given instructions. Most patients thought that they knew why they should brush their teeth but were not sure where they had learned it. Most did not credit the dentist as the source of their knowledge. More emphasis needs to be placed in the dental office on the rationale for brushing as well as the technique of brushing.

Most subjects had not been told

to obtain a new toothbrush (nor had they been given one), had not had their hygiene efficiency appraised following instructions, had not used disclosing tablets, and had not been told that their hygiene could be improved. All of these, if used properly, can be positive motivating factors to help a patient develop a better oral hygiene habit pattern.

Acknowledgements

The author gratefully acknowledges the dentists and personnel in the following dental offices for their assistance in gathering the data for this study: John H. Dixon, David H. Freshwater, Nat W. Garrison, Norman B. Grantham, Jr., Frank D. Pattishall, Claude A. Sherrill, Jr., and the UNC School of Dentistry.

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A Case History

by N. B. Grantham

I HAD on the day before extracted a loose upper left primary cuspid on a healthy, well behaved 11-year-old boy, using less than 1/3 of a carpule of carbocain without a vaso-constrictor. Very routine. You can imagine my surprise when his mother returned him to the office with "complications."

There was a brown lesion above the vermillion border of the outer surface of the upper lip. The lesion was about 1½ cm in diameter, very well defined and seemed to consist of many small vesicles. It was more to the patient's midline than the site of injection. It looked somewhat like a light-colored birthmark. There was some swelling of the lip around it. I had never seen anything just like it before and frankly was at a loss to explain it.

I began to question the mother. Could he have burned the lip while it was numb? I had seen a cigarette burn on an anesthetized lip once. Out of the question. A possible blow to the mouth? Could it be the result of an insect bite? Not likely at that site. More history. The mother said that the child had come home and seemed to be having no trouble. He had complained of some swelling and she had told him to put an ice pack on the area. She had not thought it serious. At dinner that night it had seemed more swollen and the lip was somewhat painful. The patient woke the next morning with the lesion as described.

The ice pack gave me the clue and then questioning the child I found he had not bothered to use an ice pack, but had just taken an

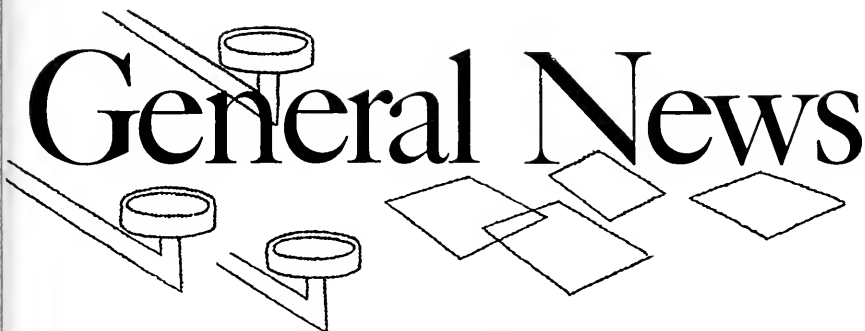
ice cube in a napkin and held it to his lip. And that is how the lesion was initiated. The patient had held an ice cube to the upper lip to combat the swelling and held it there until it damaged the tissue. The patient had frost bite of the upper lip (in August during a heat-wave).

This was just another case of trauma to an anesthetized area. Despite our warnings people still seem to bite, burn, or freeze their anesthetized parts. It is another reason why a dentist must exercise caution in the use of even our most frequently used medication. This case also brought home to me the necessity of getting a very good history when diagnosing any problem a patient may present.

Fortunately a little vasoline kept on the lesion was all that was necessary for complete healing. Figure 1 shows the lesion after five days.

710 WILKINS ST.
SMITHFIELD, N. C. 27577





General News

N. C. Gets 7 Delegates

Seven delegates from North Carolina will be seated in the ADA House of Delegates when it convenes in New York next fall, according to an announcement by Executive Director Harold Hillenbrand. North Carolina is one of four states whose delegation will be increased by one. They are: Alabama, from 4 to 5; Indiana, from 8 to 9; Texas, from 15 to 16; and North Carolina from 6 to 7.

Four states will have one less delegate — Iowa, from 7 to 6; Missouri, from 9 to 8; New Jersey, from 17 to 16; and Pennsylvania, from 23 to 22.

The terms of two delegates from North Carolina expire in 1969 — Dr. Paul E. Jones of Farmville and Roy L. Lindahl of Chapel Hill. When the Society meets in Pinehurst this spring, three delegates will have to be elected to three-year terms expiring in 1972.

Sixty of the 417 members of the House of Delegates are allocated without regard to membership — each of the 55 constituent societies and five federal dental services being given one delegate regardless of the number of members.

The remaining 357 delegates are allocated to the 55 constituent societies "proportionately to their number of active and life members."

AFDC Recipients Not Eligible

Dentists are cautioned that AFDC (Aid to Families with Dependent Children) recipients are not eligible for dental care under the State Department of Public Welfare program.

It was incorrectly reported in a recent newspaper article that AFDC recipients were eligible for dental care under the Public Welfare program.

Those eligible for dental care are welfare recipients 65 years of age and older who qualify under the Old Aid to the Permanently and Totally Disabled (APTD) programs.

Also, persons 65 years of age and older, who are medically indigent and who qualify under the Medical Assistance to the Aged (MAA) program are eligible.

The Department of Welfare has warned dentists to carefully check the fee schedule which it published on January 15, 1969. The Department will not honor claims for services not included in this fee schedule.

Dr. Medlin Honored

Dr. Erbie M. Medlin of Aberdeen was recently awarded the 1969 Sandhills Kiwanis Club Builder's Cup in recognition of his 30 years of dedication to all phases of the development of Moore County. The

award is given annually to the person who has contributed greatly to the upbuilding of the area "without regard or thought of personal gain."

Dr. Medlin was president of the North Carolina Dental Society from 1946 to 1947 and is currently serving as chairman of North Carolina's six-man delegation to the ADA House of Delegates.

In 1954 Dr. Medlin was elected president of the State Board of Dental Examiners. He served 2 years as president and 6 years on the Board. In 1959 he was elected a fellow in the American College of Dentists and recently was re-elected to a three-year term as a director of the Dental Foundation of North Carolina, Inc.

Dr. Medlin served for 14 years on Aberdeen's town board and 8 years as mayor. He is a deacon and teacher of the Men's Bible Class at the First Baptist Church and is a past president of the Sandhills Kiwanis Club.

Dr. Megginson Elected

A High Point dentist, Dr. L. P. Megginson, Jr., was elected and installed as president of the North Carolina Association of Professions at its annual meeting in Raleigh on February 20. He succeeds W. J. Smith, R. Ph. of Chapel Hill.

Serving with Dr. Megginson are: John S. Rhodes, M.D., Raleigh, first vice president; Edward G. Batte, D.V.M., Raleigh, second vice president; Vernon E. Lewis, A.I.A., Burlington, secretary; William H. Wilson, R.Ph., Raleigh, treasurer; and Robert G. Carson, P.E., Raleigh, executive committee member.

Representative Samuel H. Johnson of Wake County, was guest

speaker at the one-day meeting. He briefed Association members on professional corporations. Attorney General Robert Morgan was the principal speaker at the banquet when members of the General Assembly were guests of the Association.

The Association of Professions is composed of six professional groups: physicians, architects, professional engineers, veterinarians, dentists, and pharmacists.

Professional Corporation Bill Introduced

A professional corporation bill, sponsored by the North Carolina Association of Professions, of which the North Carolina Dental Society is a member organization was introduced into the House of Representatives of the General Assembly on February 4 by Representative Samuel H. Johnson of Wake County. A similar bill was introduced in the Senate the next day by Senator Elton Edwards of Greensboro.

The house bill was referred to the House Corporation Committee and the senate bill was referred to the Senate Judiciary II Committee.

The Society is committed to support this legislation which will permit professional people, including dentists, to incorporate.

Matching Funds For Fluoridation

State Health Director, Dr. Jacob Koomen, urged members of the joint health committees of the House and Senate to restore \$45,000 to the B Budget of the State Board of Health to provide matching funds to communities that fluoridate their water supplies. The request had previ-

ously been turned down by the Budget Advisory Budget Commission.

Dr. Koomen told the legislators that it cost a town approximately \$3,000 to install fluoridation equipment. He said that the \$45,000 would be used by the Dental Health Division to assist communities in fluoridating their water by providing a maximum of \$1,500 on their initial investment on a matching basis, including the cost of equipment, chemicals needed for the first year of operation, training of the water plant operator, and laboratory equipment for the proper surveillance of the fluoridation process.

He cited fluoridation of public water supplies as the best method of preventing tooth decay. While the average annual cost of community fluoridation is about 10 cents per person, he told the legislators that the initial cost prevents a financial barrier to some smaller communities.

90% of Dentists Are GP's

About 90 per cent of the 118,482 dentists in the United States are general practitioners according to the American Dental Association Directory.

In addition to the 107,136 general practitioners there are 4,037 orthodontists, 2,209 oral surgeons, 1,038 pedodontists, 864 periodontists, 578 prosthodontists, 399 endodontists, 65 public health specialists and 50 oral pathologists.

Some 1,176 other dentists are full-time dental school faculty members, 315 are engaged in state public dental health programs, 24 are dental association administrators, 39 are engaged in other professions or occupations and 910 are retired.

New Central Office Personnel

The Central Office staff now includes two full-time employees in addition to the executive secretary.

Mrs. Kathryn Montague joined the staff October 21, 1968. She is secretary to the executive secretary and is responsible for keeping the financial records of the Society. Mrs. Montague resides in Raleigh with her husband and two children. She was born and raised in Angier.

Miss Faye Kiser began her duties as membership secretary on February 3, 1969. Miss Kiser is a native of Star and now resides in Raleigh.

Dr. Blair Appointed

Dr. Mott P. Blair of Siler City was sworn in March 10 as an appointee of Governor Scott to fill an unexpired term on the State Board of Conservation and Development. He was a member of the C&D board during the term of former Governor Terry Sanford. His term will expire on June 30 this year.

Dr. Blair was sworn in by Associate Justice Frank Huskins of the State Supreme Court.

Survey of Dentists

The University of North Carolina School of Dentistry has provided nearly three-fourths of the State's dentists who have graduated since it opened in the mid-1950's, announced R. Freeman C. Slaughter, president of the North Carolina State Board of Dental Examiners.

This is one of the facts contained in the "Survey of Dentists Licensed in North Carolina," a report culminating a study in which 90 percent of the dentists registered in North Carolina participated. The study was conducted by the American As-

sociation of Dental Examiners in cooperation with the Division of Dental Health, National Institutes of Health.

The U.N.C. dental school now accounts for 30 percent of the total State dental supply. Although Emory University graduates constitute an equal proportion, that dental school's contribution has declined from 42 percent of the dentists who graduated prior to 1955, to 4 percent of those graduating since that year.

The "Survey" also discloses that nearly half the dentists are located in the 13 counties comprising the State's seven metropolitan areas. The 87 nonmetropolitan counties have 52 percent of the dentists and 65 percent of the population. This distribution produces average population-to-dentists ratios of 2,848:1 in the metropolitan areas and 4,828:1 in the nonmetropolitan counties.

The lowest ratios occur in the areas of Durham (1,161:1) and Raleigh (2,215:1). In nonmetropolitan counties, the smaller the central city, the higher the population-dentists ratio. In the 33 counties with central cities of fewer than 2,500 inhabitants, there is only one dentist for every 6,794 people.

Other significant survey findings:

—Nearly one out of eight dentists in North Carolina limit their practices to a dental specialty. In the two-county Durham area, where the State's dental school is located, 49 percent of the practicing dentists are

specialists, compared with 14 percent in other metropolitan areas and 4 percent in the nonmetropolitan counties.

—The median age of North Carolina dentists is 42.4 years. The average age of dentists in metropolitan areas (41.4) is about 2 years younger than the 43.2 median age of dentists in the nonmetropolitan counties.

—Ninety percent of the dentists who work at the chair employ auxiliary personnel. Eighty-five percent engage dental assistants, including 79 percent who employ at least one assistant full time, but only 14 percent of the practitioners report a dental hygienist on their payroll.

Obituaries

Vernon M. Barnes, 77, of Wilson, a life member of the Fifth District Dental Society, the North Carolina Dental Society, and the American Dental Association, died February 18, 1969.

James W. Brown, 78, of Rich Square, a life member of the Fifth District Dental Society, the North Carolina Dental Society, and the American Dental Association, died March 9, 1969.

Dr. Richard F. Hunt, Jr., 39, of Rocky Mount, a member of the Fifth District Dental Society, died March 16, 1969.

February 2-8, 1969

North Carolina Joined 'Smile-In' For National Children's Dental Health Week

UNC DENTAL HYGIENE STUDENTS talked to school children in Orange County on good dental health habits.



IN WAYNE COUNTY Dr. M. G. Delbridge presents electric toothbrushes to two happy winners in a poster contest sponsored by the Wayne County Dental Society and Dr. H. F. Cofield looks on.



THE SIX WINNERS of a poster contest in Forsyth County sponsored by the Forsyth County Dental Auxiliary and the Dental Society.



★
*Preliminary
Program*
★

**113th
Annual Session**
North Carolina Dental Society

May 11-14, 1969

THE CAROLINA

PINEHURST





COLIN P. OSBORNE, JR.
President



CLAIBOURNE W. POINDEXTER
President-Elect



A. BREECE BRELAND
Editor-Publisher



RALPH D. COFFEY
Speaker

NORTH

DENTAL

OFFICERS



FRANK G. ATWATER
Vice President



JOSEPH M. JOHNSON
Secretary-Treasurer



JAMES H. LEE
Chairman, Executive Committee



HAROLD E. MAXWELL
Chairman, Annual Session

CAROLINA

SOCIETY

1968-1969

A.D.A. Guest Speakers



HARRY M. KLEND, D.D.A.
Wichita, Kansas

PRESIDENT-ELECT
AMERICAN DENTAL
ASSOCIATION

Sunday, May 11

8:30 p.m.

ASSOCIATION AFFAIRS 1969

Dr. Klenda is a lifelong general practitioner, a native Kansan, and a graduate of Loyola University (Chicago). A past president of the Kansas Dental Association, he was one of the original organizers of the American Academy of Practice Administration. Dr. Klenda has been active in ADA affairs and has served as ADA first vice president, on the Council on Dental Laboratory Relations, and as a consultant to the Council on Dental Health.



ARTHUR W. KELLNER, D.D.S.
Hollywood, Florida

FIFTH DISTRICT TRUSTEE
AMERICAN DENTAL
ASSOCIATION

Sunday, May 11

2:30 p.m.

TRUSTEE'S REPORT

A graduate of Chicago College of Dental Surgery, Dr. Kellner has represented Florida in the ADA House of Delegates since 1953. He is now serving his second term as Fifth District Trustee. He has been a first vice president of the ADA and president of the American Association of Dental Examiners.

Essayists

RALPH W. PHILLIPS, M.S., D.Sc.

Indianapolis, Indiana

Dr. Phillips is research professor of dental materials at Indiana School of Dentistry and is the author of over 140 scientific papers and books. He is an honorary member of the American Dental Association, a fellow of the American College and the International College of Dentistry and immediate past president of the International Association for Dental Research. He has appeared in over 500 different society programs, including 44 state meetings, and has lectured in 8 foreign countries.



Monday, May 12

Cardinal Ballroom

9:00 a.m. and 2:00 p.m.

RESTORATIVE DENTAL MATERIALS—MODERN CONCEPTS DESIGNED FOR CLINICAL SUCCESS

This presentation is concerned with the newer advances in this field and includes biological considerations in the selection and use of dental materials; the clinical significance of marginal leakage and the comparative ability of various restorative materials in resisting caries; the exact role and an evaluation of cavity varnishes and bases; recent research with the amalgam restoration including minimal mercury technics and spherical alloys; a critical evaluation of newer silicate and resin formulations; a discussion of the new zinc oxide-eugenol permanent cementing agents. This talk will bring the dentist abreast of the current status of the many new materials and technics, as well as emphasizing manipulative factors which affect their success. The clinical application will be continually stressed.

Essayists



WILLIAM W. DOLAN, D.D.S.

Coral Gables, Florida

For the past 12 years Dr. Dolan has been in group practice in Coral Gables. A graduate of Columbia University Dental School, he has appeared frequently before study groups, as well as national, state and district meetings. He is a member of several professional organizations, including the American Prosthodontic Society and the Southeastern Academy of Prosthodontics, and is a director of the American Academy of Dental Electro-surgery.

Tuesday, May 13
9:00 a.m.

Cardinal Ballroom

HOW TO OBTAIN A GOOD FUNCTIONAL OCCLUSION

Basic principles of occlusion will be discussed. A practical, easy method for obtaining a good occlusion by means of the functionally generated path technique, will be described in detail. The discussion will be concerned with single units, simple bridges, quadrants, and more complicated cases.

Tuesday, May 13
2:00 p.m.

Cardinal Ballroom

ELECTROSURGERY IN DENTISTRY

This presentation will cover principles and techniques as applied to all phases of dentistry.

Essayists

GALEN W. QUINN, D.D.S., M.S.

Durham, North Carolina



Dr. Quinn is professor of orthodontics, Duke University Medical Center and conducts a private practice in orthodontics. He has practiced general dentistry and was formerly head of the department of orthodontics at the University of Tennessee and dean of the School of Dentistry at Creighton University, his alma mater. He is a past editor of the *Cleft Palate Journal*. His special interests are in the fields of the growth and development of the face jaws and occlusion.

Monday, May 12 and Tuesday, May 13
3:45 p.m.

Cardinal Ballroom

OCCCLUSION—OUR PROFESSIONAL GOAL

Occlusion of teeth will be emphasized. All practitioners in dentistry, regardless of type of practice or specialty, are primarily interested in developing and maintaining a healthy relationship of the jaws and teeth as long as the rest of the body survives. In order to develop a healthy adult occlusion it is necessary to understand primary and mixed dentitions and eruption processes.

The lectures will include practical diagnostic aids relative to early recognition of occlusion, eruption processes, the significance of early and late eruption periods, crowding problems, tooth size discrepancy and anomalous anatomical problems. Practical treatment procedures for the adult dentition will include orthodontic-restorative treatment, contouring and stripping of teeth, occlusal plane integrity, and temporomandibular joint problems.

Program

Sunday, May 11

8:00	Golf Tournament.....	Pinehurst Country Club
9:00	Executive Committee Meeting.....	Camellia Room
12:00	American College of Dentists Luncheon.....	Crystal Room
1:30	Registration Desk Opens.....	Hotel Foyer
2:00	Commercial and Scientific Exhibits Open	
2:30	House of Delegates, First Meeting.....	South Room
4:30	Board of Directors, Dental Foundation of N. C., Inc.....	Azalea Room
5:30	Lawn Party.....	Front Lawn
6:30	Dinner	
8:30	First General Session.....	Cardinal Ballroom
	Presiding: Colin P. Osborne, Jr.	
	Invocation: R. B. Harrell	
	Recognition of Guests	
	Recognition of Allied Organizations	
	Address: Colin P. Osborne, Jr., President, NCDS	
	Address: Harry M. Klenda, President-Elect, ADA	
	Report: G. Shuford Abernethy, President	
	Dental Foundation of N. C., Inc.	
	Necrology Service: Robert T. Byrd, presiding	

Monday, May 12

7:30	District Officers Conference Breakfast.....	Crystal Room
8:30	Scientific Film.....	Cardinal Ballroom
9:00	Reference Committees	
9:00	Restorative Dental Materials—Modern	
	Concepts Designed for Clinical Success.....	Cardinal Ballroom
	Ralph W. Phillips, Indianapolis, Indiana	
	Moderator: J. B. Freedland	
10:30	Coffee Break	
10:45	Dr. Phillips, continued.....	Cardinal Ballroom
12:00	International College of Dentists Luncheon.....	Crystal Room
1:30	Scientific Film	Cardinal Ballroom
2:00	Dr. Phillips, continued.....	Cardinal Ballroom
	Moderator: Walter H. Finch, Jr.	
3:30	Coffee Break	
3:45	Occlusion—Our Professional Goal.....	Cardinal Ballroom
	Galen W. Quinn, Duke University Medical Center	
	Moderator: Norman F. Ross	
6:00	Social Hour and Dinner, Alumni Association of	
	Medical College of Virginia.....	Crystal Room
8:30	Second General Session	
	Presiding: Colin P. Osborne, Jr.	
	Invocation: L. A. Cameron	
	Election of Officers	
	Selection of Site for 1971 Annual Session	

Tuesday, May 13

- 7:30 Past Presidents' Breakfast**.....Crystal Room
Presiding: George F. Kirkland, Jr.
- 8:30 Scientific Film**.....Cardinal Ballroom
- 9:00 House of Delegates, Second Meeting**South Room
- 9:00 How to Obtain a Good Functional Occlusion**.....Cardinal Ballroom
W. W. Dolan, Coral Gables, Florida
Moderator: Fred C. Miller, Jr.
- 10:30 Coffee Break**
- 10:45 Dr. Dolan, continued**.....Cardinal Ballroom
- 12:00 Lunch**
- 1:30 Scientific Film**Cardinal Ballroom
- 2:00 Electrosurgery in Dentistry**Cardinal Ballroom
W. W. Dolan, Coral Gables, Florida
Moderator: Cecil A. Pless, Jr.
- 3:30 Coffee Break**
- 3:45 Occlusion—Our Professional Goal**.....Cardinal Ballroom
Galen W. Quinn, Duke University Medical Center
Moderator: David H. Freshwater
- 5:00 Fraternity Hour**
Delta Sigma Delta.....Pine Room
Psi OmegaAzalea Room
Xi Psi Phi.....TV Room
- 5:30 Informal Social Hour for Members and Guests**..Cardinal Ballroom
- 7:00 Annual Banquet**Dining Room
Toastmaster: Cecil A. Pless, Jr.
Invocation: C. Z. Candler
Presentation of President's Emblem: George F. Kirkland, Jr.
- 8:30 Barber Shop Harmony**.....Cardinal Ballroom
Raleigh Chapter, S. P. E. B. S. Q. A., Inc.
- 9:00 Dance**Cardinal Ballroom
Forest Lake Sextette

Wednesday, May 14

- 7:30 Breakfast**
- 9:00 Table Clinics**.....Cardinal Ballroom
- 9:00 House of Delegates, Third Meeting**.....South Room
- 11:30 Third General Session**.....Cardinal Ballroom
Presiding: Colin P. Osborne, Jr.
Invocation: S. Bryon Towler
Installation of Officers
Awarding of Door Prizes
Adjournment, sine die
- 12:00 Lunch.** Check-out after lunch

HOUSE OF DELEGATES

1969

Speaker of the House: Ralph D. Coffey.

Parliamentarian: W. D. Yelton

Sergeant-at-Arms: David H. Freshwater

DELEGATES AND ALTERNATES

State Officers: Colin P. Osborne, Jr., Claibourne W. Poindexter, Frank G. Atwater, Joseph M. Johnson.

Executive Committee: James H. Lee, Lackey B. Peeler, George F. Kirkland, Jr., C. Z. Candler.

Ethics Committee: C. W. Horton, C. Z. Candler, Elliott R. Motley, Newton E. Smith, Darden J. Eure.

First District: F. A. Buchanan, William A. Mynatt, Fred N. Ogden, II, Cecil A. Pless, Jr., W. A. Davis.

Alternates: E. Kent Rogers, III, Thomas A. Morris, Gene L. Reese, Clarence W. Canrobert, Jr., Robert B. Litton.

Second District: W. Smith Kirk, M. Lamar Dorton, Fred C. Miller, William H. Price, Keith L. Bentley.

Alternates: J. B. Freedland, Robert A. George, Horace P. Reeves, Jr., J. Harry Spillman, W. Stewart Peery.

Third District: Bennie D. Barker, Joseph R. Suggs, L. P. Megginson, Jr., C. Fred Clark, Jr., James B. Howell.

Alternates: M. L. Cherry, Samuel T. Hart, Maurice B. Richardson, T. Edgar Sikes, Jr.

Fourth District: John N. Denning, Lloyd B. Stanley, P. C. Purvis, Harold E. Maxwell, James H. Edwards.

Alternates: William H. Oliver, T. E. Nelson, Jr., Frederick G. Hasty, J. Henry Ligon, Jr., Robert T. Byrd.

Fifth District: T. S. Fleming, James L. Cox, William E. Kidd, Richard F. Hunt, Jr., R. Hogan Gaskins, Jr.

Alternates: James A. Privette, Ledyard E. Ross, Fred H. Miller, W. L. Rudder, Richard N. Hines, Jr.

REFERENCE COMMITTEES

Constitution and Bylaws: Thomas G. Nisbet, chairman; G. Shuford Abernethy, D. T. Carr, J. Henry Ligon, Jr., C. P. Godwin.

Ethics: C. W. Horton, chairman; C. Z. Candler, Elliot R. Motley, Newton E. Smith, Darden J. Eure.

Rules and Order: James H. Edwards, chairman; P. C. Purvis, H. E. Maxwell, Gordon L. Townsend.

Committee A: F. A. Buchanan, chairman; W. Smith Kirk, James B. Howell, Lloyd B. Stanley, John N. Denning.

Reference Committee B: M. Lamar Dorton, chairman; Fred N. Ogden, II, C. Fred Clark, Jr., H. E. Maxwell, T. S. Fleming.

Reference Committee C: L. P. Megginson, Jr., chairman; Cecil A. Pless, Jr., Fred C. Miller, P. C. Purvis, H. Hogan Gaskins, Jr.

Reference Committee D: James L. Cox, chairman; William E. Kidd, Joseph R. Suggs, William H. Price, William A. Mynatt.

113th ANNUAL SESSION COMMITTEE

HAROLD E. MAXWELL, *General Chairman*

J. Harold Spillman
Jack E. Silvers
C. R. VanderVoort
M. L. Cherry

Arrangements: M. L. Cherry, Chairman; C. F. Clark, Jr., Deane Hundey, III, Cecil A. Pless, Jr., Robert H. Gainey.

Clinics: Jack E. Silvers, Chairman; Troy B. Sluder, Jr., Roy L. Earp, V. A. Current, O. J. Freund.

Commercial Exhibits: James E. Furr, Chairman; Frank H. Walker, Alton R. Fales, Penn Marshall, Jr., R. H. Turlington.

Entertainment: C. R. VanderVoort, Chairman; W. Harrell Johnson (Banquet); James C. Culbreath, Jr. (Dance); Maurice B. Richardson (Reception).

Hospitality: J. B. Freedland, Chairman; James A. Harrell, James E. Gram, Jr., Freeman C. Slaughter.

Monitor: Benny W. Martin, Chairman; Frank B. McGrath, Jr., Vonnie B. Smith, Mitchell W. Wallace, David D. King, Jr., L. J. Moore, Jr., E. Lynn Robinson, William C. Keith, P. C. Purvis, Marcus R. Smith, S. Byron Fowler.

Necrology: Robert T. Byrd, Chairman; Luther H. Butler, C. B. Johnson (New Bern), Grover C. Stowe, Jr., A. P. Cline, Jr.

Program: J. Harry Spillman, Chairman; Fred C. Miller, Jr., Cecil A. Pless, Jr., David H. Freshwater, Norman F. Ross, Walter H. Finch, Jr.

Publicity: L. P. Megginson, Jr., Chairman; J. Donald Kiser, David H. Freshwater, William S. Prevost, Jr., Richard S. Hunter.

Scientific Exhibits: Henry V. Murray, Jr., Chairman; Gerald M. Cathey.

Sports: R. B. Taylor, Chairman; William G. Lee, R. Bruce Warlick, Robert W. Watson, R. J. Harned, Willard I. Herring.

Table Clinics

Wednesday, May 14, 9:00-11:30 a.m. Cardinal Ballroom

- 1. Interceptive Orthodontics for the General Practitioner**, James H. Taylor, Asheville.
- 2. Time Savers**, Robert H. Owen, Jr., Asheville.
- 3. Custom Trays for Full Denture Impressions**, Robert B. Litton, Shelby.
- 4. X-Ray Technique**, T. George Johnson, Jr., Morganton.
- 5. Medications for the Apprehensive Patient**, William G. Quarles, Gastonia.
- 6. Sectional Lingual Arch**, John L. Thompson, Jr., Shelby.
- 7. When Not to Extract**, Bruce A. Gustafson, Winston-Salem.
- 8. Patient Education—Case Presentation**, Joseph D. Stewart, Winston-Salem.
- 9. Nitrous Oxide—Oxygen Analgesia**, Bruce A. Ketner, Salisbury.
- 10. The Temporomandibular Joint**, Donald C. Evans, Charlotte.
- 11. Causing Unerupted Teeth to Erupt**, Clarence F. Biddix, Charlotte.
- 12. Money Anyone?**, Pamela Reynolds and Terry Frazier, Charlotte.
- 13. Clinical Evaluation of Composite Resin Materials**, C. L. Sockwell, Chapel Hill.
- 14. An Experiment in Dental Education**, Clifton E. Crandell, Chapel Hill.
- 15. Immediate Full Denture Restorations**, Frank E. Gilliam, Burlington.
- 16. Maxillo-Facial Prosthesis**, M. T. Wood, Chapel Hill.
- 17. Orthodontic Models**, W. D. Abbey, Durham.
- 18. Pin Reinforced Resin Restorations for Fractured Permanent Anterior Teeth**, Burton A. Horwitz, Raleigh.
- 19. Orthodontic Consideration for Congenitally Absent Permanent Teeth**, William G. Schneider, Raleigh.
- 20. Temporary Restorations for Crown and Bridge Prosthetics**, William J. Sherwood, Jr., Raleigh.
- 21. Construction of Space Maintainers and Space Maintenance**, Henry S. Zaytoun, Raleigh.
- 22. An Efficient Recall System**, Mrs. Reandy Clement, CDA, Raleigh.
- 23. Grafting Procedures in the Treatment of Osseous Defects**, J. J. Lawrence, DC, USN.
- 24. Utilization of Dental Hygienists**, Southeastern Dental Hygienists Study Club and the Fifth District Dental Hygienists Association.
- 25. Pedodontics**, George Mayo III, Chapel Hill.
- 26. Vestibular Fold Extension**, R. A. Carnevale, Fayetteville.
- 27. Surgical Procedures**, Jerry Partrick, Wilmington.
- 28. Maxillary Orthopedics or Correction of Skeletal Crossbites**, Vonnie B. Smith, Raleigh.

Scientific Exhibits

Sunday, May 11, 2:00 p.m. to Cardinal Lobby and
Tuesday, May 13, 5:00 p.m. Dogwood Room

1. **Facial Anomalies**, Duke University Medical Center.
2. **The Dental Hygienist in the Community**, North Carolina Dental Hygienists Association.
3. **Space Maintainer**, Dental Health Division, N. C. State Board of Health.
4. **Lactona Historical Collection of Dental-Oral Implements**, Lactona Products Division, Warner Lambert Pharmaceutical Company.
5. **Student Health Teams in Community Clinics**, Department of Preventive Dentistry, University of North Carolina School of Dentistry.
6. **Career in Dental Assisting**, North Carolina Dental Assistants Association.
7. **Dental Laboratory Technology**, Durham Technical Institute.
8. **For Good Dental Health, Start Early**, Dairy Council Units of North Carolina.
9. **American Cancer Society**.

Commercial Exhibits

Sunday, May 11, 2:00 p.m. to 6:00 p.m.

Monday and Tuesday, May 12 and 13,

9:00 a.m. to 5:00 p.m.

Exhibition Hall

You are urged to visit the commercial exhibits. The manufacturers, dealers, laboratories, and other organizations will be represented by highly qualified people who can give you helpful hints on economical and intelligent buying.

Firm Name

Booth

Aderer, J., Inc., Long Island City, New York.....	86
Aqua Tec Corporation, Denver, Colorado.....	50
Astra Pharmaceutical Products, Inc., Worcester, Massachusetts.....	32
Block Drug Company, Inc., Jersey City, New Jersey.....	7
Bosworth, Harry J., Company, Chicago, Illinois.....	37
Cameron-Miller Surgical Instruments Company, Chicago, Illinois.....	79
Carolina Dental Laboratory, Raleigh.....	61
Caulk, L. D., Company, Milford, Delaware.....	52
Cass, Cooper D., Company, Winston-Salem.....	77
Charlotte Laboratory, Inc., Charlotte.....	75
Coastal Dynamics Corporation, Venice, California.....	81
Coca-Cola Bottling Company, Aberdeen.....	6
Cook-Waite Laboratories, Inc., New York, New York.....	67
Cross Country Paper Products Corp., Hampstead, New York.....	87
Davis, Rose-Hoyt, Needham, Massachusetts.....	63
Densco, Denver, Colorado.....	49
Den-Tal-Ez Chair Manufacturing Company, Des Moines, Iowa.....	51
Denti Form Porcelian Studio, Inc., New York, New York.....	64
Dentist Supply Company of New York, York, Pennsylvania.....	47 and 48
Encore, Inc., Portland, Oregon.....	11 & 12
General Electric Company, X-Ray Department, Milwaukee, Wisconsin.....	65
Getz, William, Corporation, Chicago, Illinois.....	36
Greene Dental Products, Inc., San Fernando, California.....	80
Johnson & Johnson, New Brunswick, New Jersey.....	54
Keener Dental Supply Company, Asheville.....	76
Kerr Manufacturing Company, Detroit, Michigan.....	44
L. & R. Manufacturing Company, Kearny, New Jersey.....	72
Lactona Products Division, Morris Plains, New Jersey.....	34 & 35
Lavoris-Vick Chemical Company, New York, New York.....	58
Life-Like Ceramics, Inc., Atlanta, Georgia.....	90
Lilly, Eli, & Company, Indianapolis, Indiana.....	56
Lochhead Laboratories, Inc., Cincinnati, Ohio.....	43

Commercial Exhibits

Magna Dental Studios, Ltd., New York, New York.....	85
Management, Inc., Asheville.....	62
Merrell, Wm. S., Cincinnati, Ohio.....	78
Midwest American, Melrose Park, Illinois.....	8, 9, 10
Mizzy, Inc., Clifton Forge, Virginia.....	42
National Dental Supply Company, Abington, Pennsylvania.....	82
Noble Dental Laboratory, Raleigh.....	66
North American Philips Company, Inc., New York, New York.....	13
Olney's, Greensboro	55
Oral B Company, Wayne, New Jersey.....	60
Pitney-Bowes, Inc., Charlotte.....	91
Pelton & Crane Company, Charlotte.....	88 & 89
Powers & Anderson Dental Company, Inc., Charlotte.....	39 & 40
Premier Dental Products Company, Philadelphia, Pennsylvania.....	59
Proctor & Gamble Distributing Company, Cincinnati, Ohio.....	25
Professional Budget Plan, Madison, Wisconsin.....	70
Raleigh Dental Laboratory, Raleigh.....	5
Richmond Dental Cotton Company, Charlotte.....	46
Ritter Equipment Company, Inc., Rochester, New York.....	14 & 15
Robins, A. H., Company, Richmond, Virginia.....	71
Rothstein Dental Laboratories, Inc., Silver Spring, Maryland.....	45
Saunders, W. B., Company, Philadelphia, Pennsylvania.....	53
Siemens Medical of America, Inc., Union, New Jersey.....	83 & 84
Sturgis, J. Minor, Porcelan Laboratory, Atlanta Georgia.....	41
Sullivan Laboratories Washington, D. C.....	33
Surgident, Ltd., Los Angeles, California.....	73
Thompson Dental Company, Greensboro.....	1, 2, 3 & 4
3M Company, St. Pauls, Minnesota.....	57
Union Broach Company, Inc., Long Island City, New York.....	68
Unitek Corporation, Monrovia, California.....	29 & 30
Universal Dental Company, Philadelphia, Pennsylvania.....	74
Walker-Sizer Dental Company, Raleigh.....	16, 17, 18 & 19
Weber Dental Manufacturing Company, Canton, Ohio.....	23 & 24
Westlund Dental Studio, Inc., Minneapolis, Minnesota.....	31
White, S. S., Company, Philadelphia, Pennsylvania.....	20, 21 & 22
Whitehall Laboratories, New York, New York.....	38
Williams Gold Refining Company, Inc., Buffalo, New York.....	69
Woodward Prosthetic Company, Greensboro.....	26, 27 & 28

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NINETEENTH ANNUAL SESSION
WHISPERING PINES MOTOR LODGE, SOUTHERN PINES
MAY 10-13, 1969

PROGRAM

Saturday, May 10

- 3:00 Registration**
5:00 Nominating Committee Meeting
8:00 Board of Directors Meeting

Sunday, May 11

- 8:30 Breakfast Honoring ADAA Guests**
President, Mary Faith Mayak
4th District Trustee, Janelle Butler
Executive Director, Louis J. Carow, III
- 9:00 Registration**
- 10:00 First Session of Business Body**
President Joyce Sigmon Presiding
- 2:00 General Session**
Welcome: Dr. Claibourne W. Poindexter, president-elect,
N. C.D.S.
Response: Miss Aileen Croon, Treasurer, N.C.D.A.A.
Speaker: Mr. Louis J. Carow, III
"The Growth and Development of Dental Assisting"
Trustee's Report
ADAA President's Address
NCDAA President's Address
- 9:00 An Hawaiian-style Welcome**

Monday, May 12

- 9:00 Registration**
- 9:00 Second Session of Business Body**
- 10:30 Educational Session—"Today's Dental Assistant"**
Dr. Melvin Chambers—"Warning: Drugs can be Dangerous"
Dr. James A. Privette—"Appointment Book Control"
Dr. James E. Overberger—"Clinical Aspects of Amalgam"
- 12:30 Balloting**
- 7:00 Banquet & Dance** honoring Joyce Sigmon, NCDAA President

Tuesday, May 13

- 9:00 Registration**
- 10:00 Third Session of Business Body**
- 2:00 Table Clinics**
- 4:30 Tea Honoring Dental Assistant Students**
- 7:00 Installation Dinner**
Recognition of Past Presidents and Presentation of Awards
Adjournment
- 8:30 Post-convention Board of Directors Meeting**



Mrs. Robert Gainey
President-Elect



Mrs. Clarence Sockwell
Vice President



Mrs. John Lore
Treasurer

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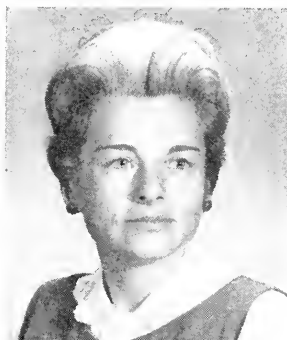


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NORTH CAROLINA DENTAL AUXILIARY

NINETEENTH ANNUAL MEETING

THE CAROLINA, PINEHURST

MAY 11-14, 1969

PROGRAM

Sunday, May 11

- 1:00 Registration Desk Opens.....**Hotel Foyer
5:30 Lawn PartyFront Lawn
8:30 North Carolina Dental Society General Session..Cardinal Ballroom
(Auxiliary members invited to attend)

Monday, May 12

- 9:00 Golf and Tennis Tournaments.....**Pinehurst Country Club
9:00 RegistrationHotel Foyer
3:00 Executive Board Meeting.....Azalea Room
4:00 Past Presidents' Meeting.....Azalea Room
8:30 Annual Business Meeting.....Azalea Room
9:00 Bridge PartyAzalea Room

Tuesday, May 13

- 9:00 Golf and Tennis Breakfasts.....**Dining Room
9:00 RegistrationHotel Foyer
12:30 LuncheonDining Room
(Honoring new members, wives of senior dental students and special guests)
1:30 Address by Miss Alice Bell.....South Room
4:30 New and Old Executive Board Meeting.....South Room
7:00 Annual Banquet, North Carolina Dental Society.....Dining Room
9:00 Dance and Entertainment.....Cardinal Ballroom

Wednesday, May 14

- 7:30 Breakfast**
Check-out after lunch

NORTH CAROLINA DENTAL HYGIENISTS ASSOCIATION
TWENTY-SECOND ANNUAL MEETING
THE MANOR HOTEL, PINEHURST
MAY 11-13, 1969

PROGRAM

Sunday, May 11

- 2:30 Executive Council Meeting** (Open to Members)
5:30 Official Reception, Members and their guests and N.C.D.S. members and their wives
8:00 Alumnae Meetings

Monday, May 12

- 9:00 Registration**Pinchurst School Auditorium
9:30 Opening SessionPinchurst School Auditorium
 Presiding: Mrs. Jackelyn K. Morris, President
 Greetings: Colin P. Osborne, Jr., President, N.C.D.S.
 M. W. Carpenter, Adviser, N.C.D.S.
 Mrs. Lora Holbrush, President, Elect, A.D.H.A.
 Mrs. Etta Mae Wirt, A.D.H.A. District VI Trustee
10:00 "Resaarch in Cleft Palate," Donald W. Warren, UNC School of Dentistry, Chapel Hill
11:00 Business Session
 Presiding: Mrs. Jackelyn K. Morris, President
 Reports: Officers and committee chairmen
 Election of Officers
12:30 President's Luncheon.....The Manor
 Toastmistress: Mrs. Priscilla Lovine, President-Elect
 Program: Presentation of the District Charters, Mrs. Jackelyn K. Morris, President
 Speaker: Mrs. Carolyn Smart, Tarrytown, N. Y.
2:00 ProgramPinchurst School Auditorium
 Speaker: Miss Alice Bell, Atlanta, Georgia, "Personal Appearance and Poise for the Professional Woman"
4:00 District Caucus Meetings
4:30 ExhibitsThe Carolina
6:00 Dinner
8:00 Buzz SessionExecutive Suite

Tuesday, May 13

- 9:30 Second Session**The Manor
 Presiding: Mrs. Jackelyn K. Morris, President
 Speaker: Mrs. Carolyn Smart, Tarrytown, New York, "The Dental Hygienist in the Public School System"
11:00 Business Session
 Installation of Officers—Mrs. Carolyn C. Williams
12:00 Executive Council Meeting
1:30 Lunch
3:00 Adjournment

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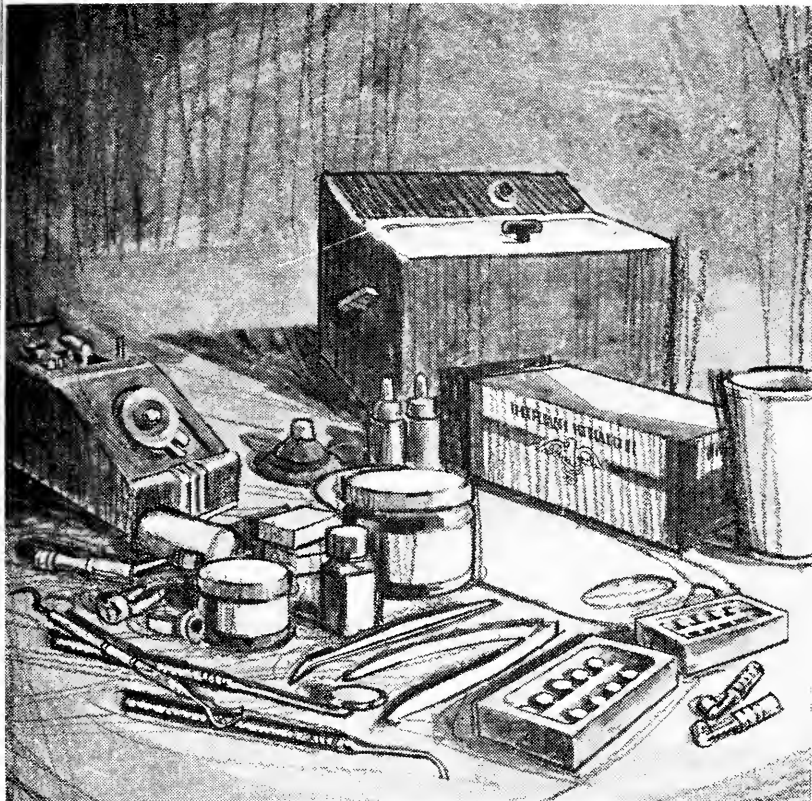
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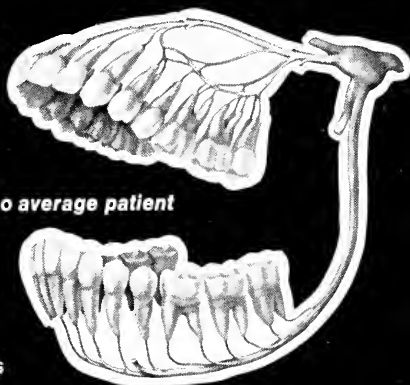
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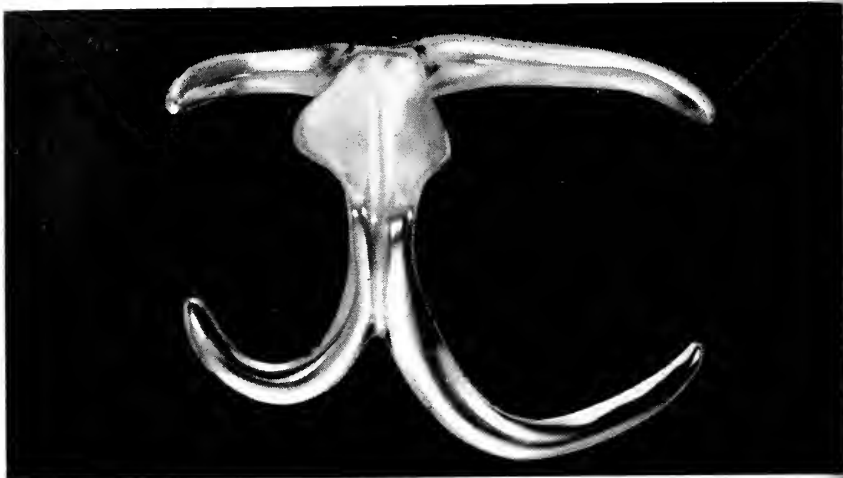
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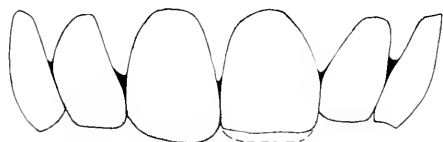
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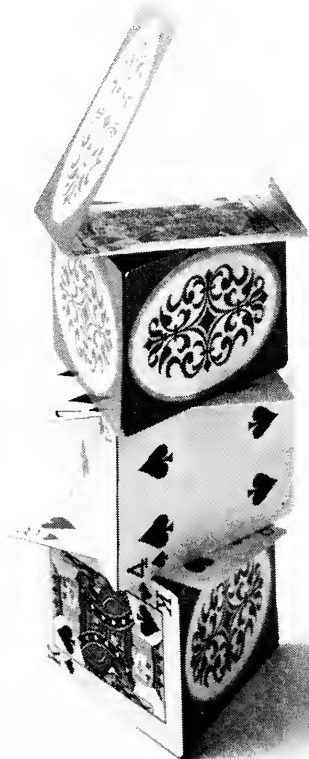
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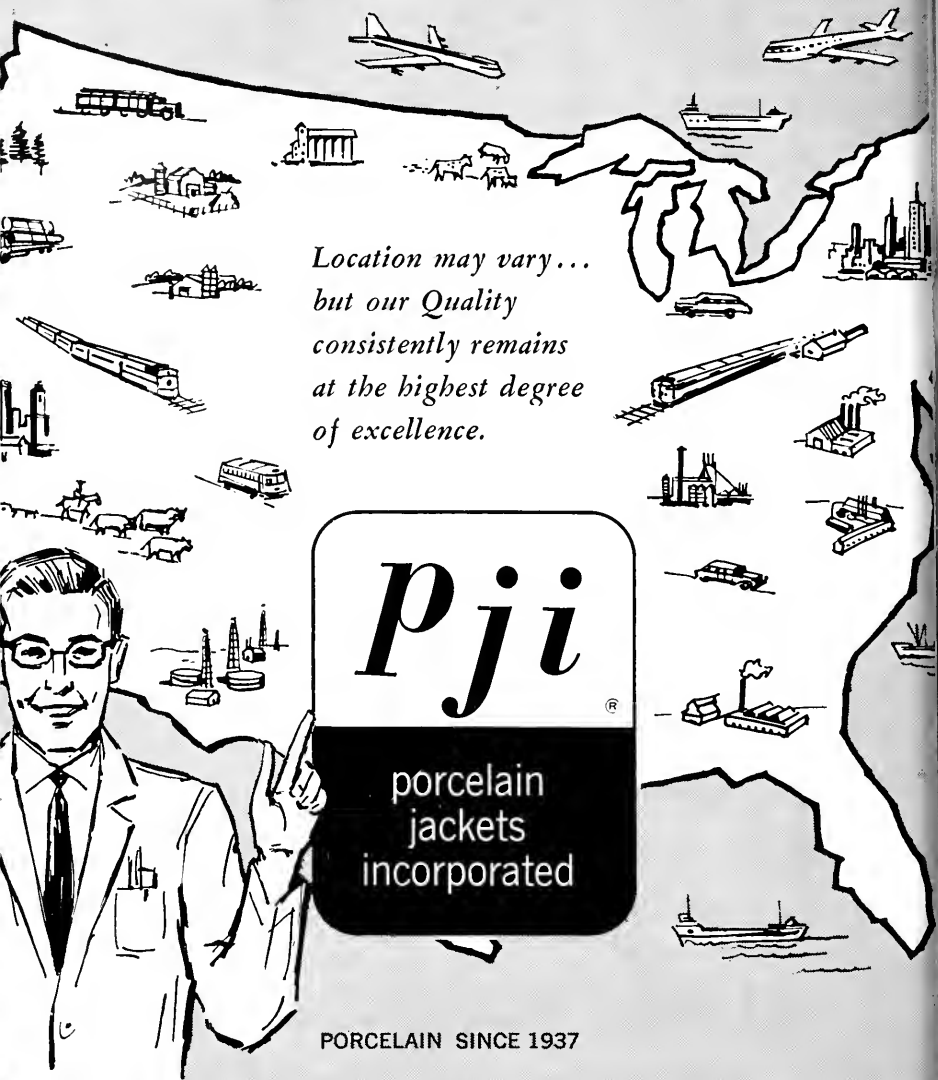
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VOLUME 52

NUMBER 3

AUGUST, 1969

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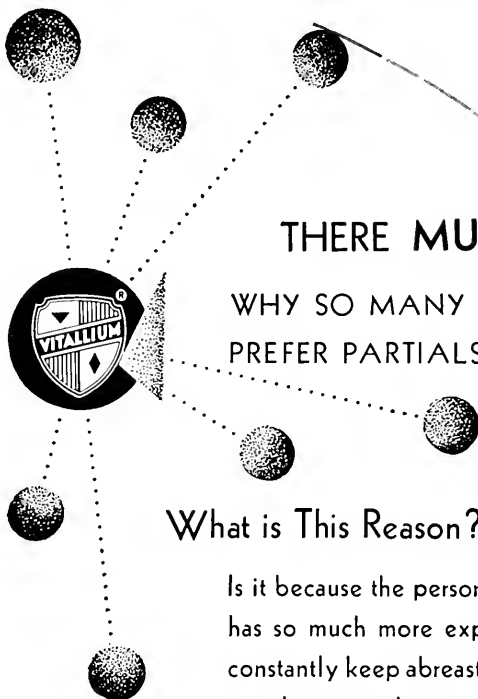
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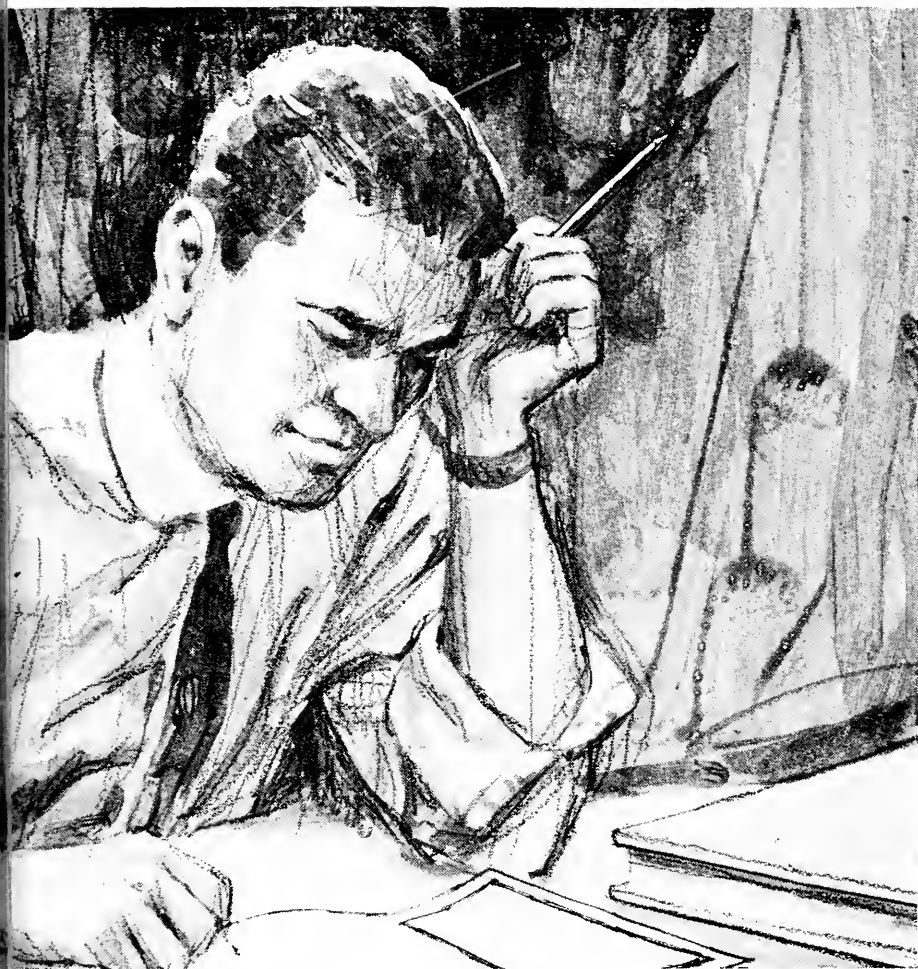
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AUGUST, 1969

NUMBER 3

	Page
Dedication	Spillman 4
President's Page	Poindexter 5
Editorials	7
1969: A Time for Action.....	Rankin 9
A Pre-Fluoridation Survey in Asheville, N. C.....	Dudney, et al 12
Some Basic Observations—The Physical Evaluation of Patients for Out-Patient General Anesthesia.....	Cook 17
N. C. Dental Assistants' Association.....	21
N. C. Dental Hygienists' Association.....	22
District Prorams, Fall 1969	
First District.....	24
Second District.....	27
Third District.....	32
Fourth District.....	36
Fifth District.....	40
General News.....	44
Obituaries	49

Cover Story, See Page 7

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*In grateful appreciation
this issue is dedicated to . . .*



J. Harry Spillman, D.D.S.

Winston-Salem

Harry's services to the Society have been many and varied. He has been actively engaged for the past few years in the implementation of new programs of study, and improvement of existing ones for dental auxiliary personnel. In this connection he has been chairman of the Dental Hygienists Committee, and is currently serving on the Advisory Committee on the Education of Dental Auxiliary Personnel to the Department of Community Colleges.

Harry served as president of the Second District in 1966-1967. He is a Fellow of the American College of Dentists.



The President's Page



WE BEGIN A NEW YEAR. The officers and Executive Committee members will execute the affairs of the society under the mandates of the recently adjourned House of Delegates.

As the business and scientific sessions are conducted concurrently, only a limited proportion of the membership is immediately aware of the actions of the House. Therefore, I should like to comment on two of the issues considered this year.

There was a necessary increase in dues of \$15 per year, the first in nine years. The dollar amount is modest and, intelligently budgeted, this increase in revenue can give us a more effective organization. Our collective eye, ear and voice in overseeing the course of dentistry is a bargain in representing and protecting our interests—indeed our very livelihood.

Perhaps the most important issue before the House this year concerned the proposed major revision of the Dental Practice Act. The Dental Practice Act Committee and the North Carolina State Board of Dental Examiners — sometimes in concert and sometimes at odds—submitted detailed recommendations. In a climate of increasing demand and emerging recognition of unmet needs for dental services, interest entered upon the orderly and sane expansion of duties permitted auxiliary personnel.

Discussions in the House disclosed both the commonality and the divergence of interests between the Board and the practicing dentists of the state. The Board supported a concept of dental law which would enable it to prosecute successfully violators, however few or many they might be. As men under oath to protect the public (not the profession) their position is clear and understandable. The Dental Practice Act Committee supported a concept whereunder the majority of dentists, strictly ethical, might practice unfettered by laws designed expressly to convict the few.

In attempting to define duties permitted auxiliary personnel, these somewhat opposing philosophies come into sharp focus. All are agreed that the definition of duties should be handled through the mechanism of Rules and Regulations of the Board because of the flexibility this mechanism permits for change. But it is here that the conflict becomes

evident. Rules and Regulations are promulgated by the Board and the Board has selected the vehicle of serial listing of duties permitted auxiliary personnel. This vehicle infers that all duties not specifically listed which *might* be construed as "practicing dentistry" are forbidden. Conversely, the Dental Practice Act Committee, realizing the gray areas of doubt in delegating *any* duty not specifically listed, favored a more permissive vehicle: a listing of functions deemed clearly inappropriate for delegation and therefore illegal. Such a vehicle would place the responsibility on the dentist for the welfare of his patient and leave him free to delegate duties depending upon the training and abilities of his personnel subject, of course, to the negotiations in the law.

The actions of the House in the face of this conflict are largely of academic interest rather than practical effect as it is too late to go to this Legislature for any major revision. Two years hence will again be too late; thus, the action of next year's House will be all important.

Lest we dismiss this year's deliberations as a blind alley, consider that the open discussions were enlightening to both sides; consider that the House urged the Board to consider certain changes in its Rules and Regulations. How the Board can and will respond to these requests will determine, in a measure, what changes in the General Statutes the society will seek in the next Legislature.

While it appears unlikely that the Board will change its posture on serial listing and equally unlikely that the Committee will abandon its position to seek a wider range of usefulness for auxiliaries than presently permitted by the Board, one shining ray of light (and hope) has emerged. The President of the Board, Dr. Slaughter, indicated that the Board interpreted serial listing not as a complete catalogue of an auxiliary's duties but rather as exemptions for auxiliaries from what otherwise would be considered the illegal practice of dentistry under the definition of dentistry in the General Statutes. If this concept is explored in concert with a precise new statutory definition of dentistry, perhaps our mutual differences may be resolved and we may yet have the best of two worlds.

C. W. POINDEXTE

SIX HANDED DENTISTRY FOR TOMORROW

Mary, John, Mathew and Peter, children of Mr. and Mrs. Duncan E. Lennon of Charlotte show their interest in dentistry. Can a dental office have time for such "play"? The future of dentistry cannot be termed play. Motivation and dental appreciation can only begin and grow through practicing dentists. Make sure you have time to "play" in your office for the play of today is the practice of tomorrow.



REWARDS

It is felt this letter should be shared with the dentists of North Carolina. It was written to Dr. Tom Boykin of Goldsboro and is self-explanatory.

DECEMBER 15, 1968

Dear Tom:

The Christmas Season is upon us once again and I am determined that another year will not go by without my writing this letter. A lot of time has passed since we first met. It was August 1956. I was an inebriate private and you a relatively understanding Captain. I thought that all my plans for a future as a dental technician had gone down the drain when I was assigned as your assistant at the 97th. How

little we know or are able to predict the future.

In later years, as the second oldest student in my class in dental school, I would frequently be asked how I happened to be there. I always took great pleasure in relating to my peers the evolution of my career. There is the story of my having been a high school drop out. I lost my first job in three months and my father made me finish High School. There is the story of my joining the Army to complete my military obligation and receive dental technician's training in one fell swoop.

However, Tom, the part of the story in which I always revealed the most and which always gave me the warmest feeling relates to the day

I decided I was standing on the wrong side of the chair. This is the way I tell the story:

"I was a dental assistant in the Army and worked in a general hospital. They had a beautiful clinic there with all of the dental services available to patients and personnel. I assisted a dentist who did a lot of perio. He was a regular Army captain who had been through the Army's intern program and we got along quite well. I wasn't happy about being an assistant but was stuck with it. One day I was standing there handing him instruments when the light finally dawned. You're standing on the wrong side of the chair. You could do what he's doing! I decided then and there that I would talk to the captain and find out what you had to do to become a dentist. Later that same day I asked him if I might speak to him privately for a few minutes. We went into one of the operatories that was not in use at that moment.

"Captain," I said, "I've been thinking. What do you have to do to become a dentist?"

"How much education do you have, Jim?" he asked in all seriousness. I told him. He then said I would have to go to college for at least three years and dental school for four years after that. He also said that he was sure I could do it if I wanted to. From that day

on he always assumed and treated me as though I would one day be his peer. As I sat with my fellow students relating that story I always said that the most important thing about our conversation was, Tom, that you didn't laugh. If a high school drop out asked me today what you had to do to become a dentist I would certainly be tempted to. Many people have influenced me and helped in attaining my goal, but I have always felt that the journey towards the goal would not have started without the encouragement and understanding you gave at the beginning. Tom, I don't want to belabor the point, but I am trying in my faltering way to thank you for the influence you have had in whatever measure of success I have or shall attain. Enough reminiscing!

After seven years of toil and strife Pat, my wife (not a dentist), and I graduated from N.Y.U. dental school in June of 1967. I worked for a year in the office of Dr. A. Acciani in Hudson, N. Y. In July of this year we bought a building practice and equipment in German town, N. Y. There is a lovely apartment upstairs which we now occupy.

With the best of wishes for this Holiday Season and the future, for you and yours, Tom. I am

Sincerely yours
JIM

Dr. Rankin has a message. It is being voiced frequently and urgently today. If you have not taken time to listen, perhaps you should. Ed.

1969: A Time For Action

By Kenneth R. Rankin, D.D.S.

CHANGE cannot be brought to a halt. To try to halt change is to court an explosion. The constructive way of dealing with the inevitability of change is to make the changes voluntarily before they impose themselves. The earlier we take action, the wider will be our range of choice." — Arnold Toynbee.

Had Toynbee been addressing dentists, his words could not have been more apt. It is now more than a quarter of a century since organized dentistry foresaw an approaching crisis in dental manpower. Despite this realization, however, American dentistry today is on the brink of the crisis come true. Barring miracles, the next ten years will find us face-to-face with an unprecedented public demand for dental care. This demand—so evident in recent years — may well reach a crescendo, drowning out our plea for more time to change and influencing legislators to snatch away our remaining prerogatives.

Our time for leisurely cogitation is fast running out. For too many



years the profession's spokesmen have surveyed, analyzed, and recommended. They have talked, written, and debated before a passive audience of dental practitioners who listen rather than initiate the action which will determine the destiny of their profession.

For one thing, status quo is comfortable and therefore, not easily modified. For another, many dentists, concerned with day-to-day problems of patients and practice, forget that they are inextricably involved with the larger society —

whether or not they choose to be. As Toynbee points out so eloquently, change will continue with or without our voluntary participation.

Even if 1969 were 1950, there would be little reason for optimism about dental manpower. According to one authoritative estimate, next year will still find us 20 to 25 percent short of the dentist-to-population ratio which existed in 1950!¹

This is nothing new. Way back in 1960, the final report of the Commission on the Survey of Dentistry² warned that merely maintaining the then-current ratio of dentists-to-population would require a 75 percent increase in the capacity of the nation's dental schools by 1970.

Since then, however, through 1968 we have established four new dental schools, closed an old one, and expanded several others. Nevertheless, during the 1967-68 school year, our total institutions graduated only 3,462 new dentists, not many more than the 3,290 graduated in 1960-61.³

Faced with such statistics, perhaps it is time to admit once and for all, that we cannot produce enough dentists to handle the nation's dental problems unassisted — not today, tomorrow, or ever again. If American dentistry is to be responsive to public demands, we must relegate the "solo practitioner" to an honored position in our past history and move ahead to greater productivity.

More recent dental school graduates are already leading this transition. For the past ten years, the nation's dental schools have offered instruction in utilizing auxiliaries. Today our younger dentists fully

understand that auxiliaries increase both the dentist's productivity and his income. Many older dentists, too, encouraged by the experiences of his colleagues, have enrolled in continuing education courses to learn to use auxiliaries. Others have simply plunged in, hired auxiliaries, and set up their own systems.

Thus, we have constructive and meaningful change. Three types of auxiliaries — dental assistants, dental hygienists, and dental laboratory technicians—are now accepted as permanent within American dental practice. Their increasing utilization is mirrored in the current growth of facilities for their training.

In actual number, one estimate⁴ places the 1967 total of dental auxiliaries at approximately 137,000 compared with 83,000 in 1950. Of these, well over half are dental assistants — young women who greet patients and prepare them for treatment, schedule appointments, send out statements, and perform other office tasks according to the dentist's preference. Although many dentists train dental assistants on-the-job, there are now more than 100 educational institutions offering accredited dental assistant training compared to 26 in 1950.

About 10 percent of the auxiliaries being trained today are dental hygienists. Although their ranks have almost doubled since 1950, there are still only about 16 active hygienists for every 100 practicing dentists. However, because training facilities have mushroomed from 37 schools in 1960 to 67 in 1967, we can expect the proportionate number of hygienists to increase. Already enrollment is up more than 75 percent.

Following the same growth pat-

ern, but at a lesser rate, the number of dental laboratory technicians has burgeoned from 21,000 in 1950 to 27,000 in 1967. Most technicians gain on-the-job, but formalized training is the pattern of the future. In fact, one-third of the 15 schools in operation during 1967 were established that same year. Even with such extraordinary expansion, we are graduating only a total of 4,000 auxiliaries yearly. However, this figure will rise dramatically as increased numbers of students now enrolled in new facilities complete their training.

These figures stand as evidence of the changing face of American dental practice, but even these helping hands are not enough. Now is the time to begin training a fourth type of auxiliary in the pattern of the University of Alabama experience.⁵

Five female high school graduates were trained for two years in several procedures traditionally performed by dentists. At the conclusion of the research, these young women were found to perform qualitatively at least equal to advanced undergraduate dental students in placing rubber dams, placing matrix bands, inserting and finishing restorations in previously prepared teeth, condensing and carving amalgam restorations in previously prepared teeth, placing silicate cement restorations in previously prepared teeth, and applying the final finish and polish to restorations of amalgam and silicate cement.

To cite other similar studies would be to add verbiage where there is already too much. A 1966 editorial which appeared in the *Journal of the American Dental*

*Association*⁶ summarizes the situation nicely:

"For the past six years, the American Dental Association has had a policy of encouraging accredited dental schools and federal dental services . . . to undertake carefully designed programs of experimentation and research in the training of dental hygienists and dental assistants.' Four such programs have been instituted, all designed to increase the dentist's productivity when working with various combinations of assistants and operator arrangements. Also, the dental assistant has been assigned certain treatment procedures heretofore reserved for the dentist, such as the insertion and finishing of amalgam and silicate fillings under the supervision of the dentists, in cavities prepared by him.

Although the data are limited, they are consistent. They indicate that the assistant can be trained to insert filling materials and perform other duties as well as the dentist does and that the dentist's output can thus be increased by more than 100 percent."

Such a statement certainly refutes the arguments of die-hard practitioners who profess concern for quality as excuse for their opposition to expanding auxiliary functions.

But word must come now — in 1969 — from dentists all over the nation who favor such action which in turn will influence the decisions of dental societies and state dental examining boards. The costs of their delay can only be measured in the echoes of Toynbee's words.

10010 OLD GEORGETOWN RD.
BETHESDA, MD.
20014

A Pre - Fluoridation Survey In Asheville, North Carolina

George G. Dudley, D.D.S., M.P.H.⁽¹⁾

Richard F. Murphy, D.D.S., M.P.H.⁽²⁾

Luis Duany, D.D.S., M.P.H.⁽³⁾

John T. Hughes D.D.S., Dr.P.H.⁽⁴⁾

THE RECENT INCREASE in publicly funded dental programs has stimulated a desire in the dental profession of North Carolina to determine the present magnitude of the problem of dental diseases, so that adequate methods of attacking this problem may be developed and evaluated. North Carolina is especially fortunate in this regard because of a study entitled *The Natural History of Dental Diseases*, which was published in 1965. This study describes the prevalence in North Carolina of dental caries, periodontal disease, and malocclusion; and the data is controlled to show the difference by age, race, sex, urban-rural residence, and various social characteristics. In addition to the state-wide data, the information is also available on a regional basis.

The results of this study have been extensively used in planning and evaluating programs in North Carolina, and have saved many hours which would otherwise have been spent in conducting local sur-

veys. On occasion, however, dentists have decided that data must be obtained for their own specifically defined area, as opposed to a geographical region. When this decision is made, it is absolutely necessary that the dentists understand the difficulties that are involved in conducting a survey that will produce reliable data, and that can be accurately repeated at a later date to determine the effectiveness of a dental health program.

One such study that required more localized data than was available from existing surveys was a pre-fluoridation survey in Asheville, North Carolina. The city of Asheville instituted fluoridation of its municipal water supply on September 1, 1965. The Buncombe County Dental Society and the Buncombe County Health Department expressed a desire for a record of the caries experience of school-age children prior to fluoridation. Thus, a base-line would be established from which comparisons could later be made to determine the effect of fluoridation upon the dental caries experience of the children.

The dental society and the health department requested that the base-line study be made by the Division of Dental Health of the

(1) Assistant Director, Dental Health Division, North Carolina State Board of Health

(2) Program Coordinator, Dental Health Division, North Carolina State Board of Health

(3) Assistant Professor, Division of Oral Biology, University of Miami

(4) Associate Professor of Public Health Administration, School of Public Health, University of North Carolina

North Carolina State Board of Health. The examinations were conducted during the week of April 4-8, 1966.

OBJECTIVE

To determine the pre-fluoridation dental caries experience of school-age children in Asheville.

DATA REQUIRED

Study Population: The universe from which the sample was drawn was 3,433 students attending seven public elementary schools within the city limits of Asheville. Four elementary schools were not included in the universe to control for race. To further control for the effect of race upon caries experience, the small number of non-white children in the selected classrooms were examined, but the results of their ex-

aminations were not included in the statistical analysis. Ideally, every child should be examined; however, limitations of dental man-power and time dictated sampling of the universe. It was decided that a twenty-five percent sample would be adequate for the study.

Method of Sample Selection: The representative sample was obtained by listing the classrooms by grades from the seven selected schools and ordering them according to classroom population. A table of random numbers was used to determine the starting point, and every fourth classroom was selected. The sample size was approximately 150 students for each of the seven grades. Every classroom from grades one through seven in the selected schools formed the universe and

TABLE I
Example of Sampling Procedure for Fourth Grade, Pre-Fluoridation Survey
Asheville, North Carolina, 1966

Name of School	No. of Classroom	No. of Students	Name of Teacher
	9	26	
	14	27	
	20	28	
Claxton	(21)	(28)	White
	3	28	
	6	28	
	1	29	
Jones	(4)	(29)	Teague
	7	29	
	8	29	
	13	29	
Aycock	(5)	(30)	Gordon
	18	30	
	19	30	
	2	31	
	11	31	
Vance*	(16)	(31)	Ferguson
	12	32	
	15	32	
	17	33	
Randolph	(10)	(33)	Graham

*Standing Point

every classroom had an equal chance of being selected in the random sample that was drawn. Once a classroom was selected, every child in that classroom was examined. The total sample of 1,080 children represented 31 percent of the universe. However, only 815 students were included in the results. The loss of participants was due to absenteeism on the days that the survey was conducted, control for race, and previous exposure by some of the students to fluoridated water.

Measurements and Diagnostic

Criteria: The following information for each student was recorded on standard examination cards used by the Dental Health Division.

1. Age in years. The classroom teacher supplied the date of birth and this information was used to calculate the age at last birthday.

2. Residence the first eight years of life. The geographical location from birth to eight years of age, and the time spent at each location was supplied for each student by the classroom teacher. No student was included in the study who had lived more than six months in a fluoride area.

3. Sex. This information was supplied by the classroom teacher.

4. Race. This information was supplied by the classroom teacher and was defined as the sum of the ethnic characteristics which distinguish between white and non-white.

5. School attended. The name of the school at which the student was examined. This was recorded by the classroom teacher.

6. Name of examiner. The surname of the dentist performing the examination was recorded.

7. Date of examination. The day,

month, and year of the examination were recorded.

8. The dental caries experience. This information was obtained by direct examination of each student by a dentist, using the DMF Index. The DMF Index is a quantitative expression of the life-time caries experience in the permanent teeth.

"D" is the number of decayed permanent teeth requiring filling and teeth which have been previously filled but which have since become carious.

"M" is the number of permanent teeth which have been extracted due to caries.

"F" refers to those permanent teeth which have been satisfactorily filled and show no caries on examination.

The number of permanent teeth for each person who exhibits any caries experience—D, M, or F—is totaled to give the DMF for that person.

The index employed in measuring caries experience in deciduous teeth is the df index. The symbol "d" refers to carious deciduous teeth and "f" refers to those deciduous teeth that have been satisfactorily filled.

Dental caries was diagnosed if a tooth exhibited one or more of the following:

a. A cavitation from which carious material can be readily excavated,

b. A white, chalky area on smooth surfaces which is penetrable with an explorer,

c. A filling which allows the penetration of an explorer at the junction of tooth and filling when the explorer is passed from filling to tooth or from tooth to filling,

d. Pits and fissures with a soft
ase of carious material which can
e felt with an explorer.

Examination Procedure: The ex-
aminations for caries experience,
sing the DMF and df indices, were
conducted by Drs. John T. Hughes,
George G. Dudney, Luis Duany,
nd Richard F. Murphy. The
xaminations were conducted in
chool classrooms. Each of the stu-
ents in the sample was examined
y using a No. 23 explorer, mouth
irror, portable dental chair, and
ental lamp. The examiners cali-
rated themselves daily. Each ex-
mine several children that others
ad examined, and the results were
ompared.

In the examination process, the
xaminer visually inspected and ex-
lored when necessary, the labial,
oclusal, lingual, and proximal sur-
aces of all teeth present (except
ird molars), identifying the tooth
umber of all teeth that were ab-
ent and determining the reason for
e absence when indicated.

AUXILIARY PERSONNEL

The following is a listing of aux-
iliary personnel who were used in
the examinations and a description
of their duties:

Recorder — One per examiner.
The recorder's primary responsi-
bility was to record the examiner's
diagnosis on the examination record
orm and to direct the patient in
nd out of the chair.

Monitor — One per school. The
primary responsibility of the moni-
tor was to maintain a quiet, orderly,
nd continuous flow of patient traf-
c. The monitors also notified
asses to report for examinations.

Aide — One per school. The pri-
ary responsibility of the aide was
o maintain sufficient quantities of
ean instruments at the examina-

tion units. The aide collected used
instruments, operated the instru-
ment sterilizer, and returned clean
instruments to each examination
unit.

The auxiliaries were PTA volun-
teers. They served for one day or
less, and were provided by the
schools. They were oriented and
trained by the examiners.

RESULTS

The data was summarized for
each child as follows:

- 1. The number of DMF teeth;
- 2. The number of df teeth;
- 3. The number of decayed perma-
nent teeth;
- 4. The number of permanent
teeth missing because of caries;
- 5. The number of filled perma-
nent teeth;
- 6. The number of permanent
teeth present and unaffected by
caries;
- 7. The number of permanent
teeth present.

From these summaries, the fol-
lowing statistics were obtained. (See
Table II, Page 9.)

TABLE II
Pre-Fluoridation Survey of Dental
Caries Prevalence,
Elementary School Children;
Asheville, North Carolina
April 4-8, 1966
Mean df and DMF by Age:
Male and Female

AGE	N	df	DMF
6	70	3.60	.34
7	124	3.52	.83
8	98	4.78	1.47
9	111	3.67	2.01
10	120	2.48	3.26
11	116	1.07	3.84
12	97	.27	5.08
13	59	.20	7.00
14	18	.05	7.83
15	2	0.00	2:50
Total 815			

TABLE III
Pre-Fluoridation Survey of Dental
Caries Prevalence,
Elementary School Children;
Asheville, North Carolina
April 4-8, 1966

Mean df and DMF by Age: Males

AGE	N	df	DMF
6	30	4.10	.23
7	73	4.37	.79
8	54	4.35	1.11
9	50	3.92	1.88
10	60	2.72	3.22
11	61	1.34	3.38
12	51	.35	4.61
13	38	.26	6.97
14	11	.00	7.36
15	1	.00	3.00

Total 429

TABLE IV
Pre-Fluoridation Survey of Dental
Caries Prevalence,
Elementary School Children;
Asheville, North Carolina
April 4-8, 1966

Mean df and DFM by Age: Females

AGE	N	df	DMF
6	40	3.23	.43
7	51	3.49	.88
8	44	5.32	1.91
9	61	3.48	2.11
10	60	2.23	3.30
11	55	.76	4.16
12	46	.17	5.61
13	21	.09	7.04
14	7	.14	8.57
15	1	.00	2.00

Total 386

Staff, Facilities, Equipment, and Supplies

Staff: Four dentists—10 days each (included planning, conducting, and reporting the results of the survey)

Sixteen recorders — ½ to 1 day each

Seven monitors—½ to 1 day each

Seven aides—½ to 1 day each

Thirty-six classroom teachers — ½ day each (to supply biographical data on examination forms).

Facilities, Equipment and Supplies

4 Portable examination chairs
 4 Portable examination lamps
 4 Cold sterilization containers
 120 Plane glass mouth mirrors
 120 No. 23 single-end explorers
 2 6-ounce bottles of cold sterilization solution (Zephiran chloride)
 4 Electrical extension cords
 7 Examination rooms with wash basins
 Paper towels
 Cloth towels
 Hand soap
 Examination gowns
 Pencils
 Record forms
 Tables
 Chairs
 Wastebaskets.

SUMMARY

Dental surveys are a primary requirement for the planning and evaluation of public dental programs, but existing data should be examined to determine its usability before conducting additional surveys. If new data is required, surveys must be planned, conducted and reported according to scientific methodology so that the data may be considered to be reliable. An example of one survey is presented to demonstrate the planning that was necessary for its conduct. Variations in dental caries prevalence resulting from age, race, sex, and exposure to fluoridation were carefully controlled, and the diagnostic criteria were clearly defined, in order that a comparable survey may be repeated at a later date.

212 N. DAWSON ST.

RALEIGH, N. C.



DOCTOR COOK is in general practice in Lenoir, N. C. After graduating from UNC School of Dentistry in 1962 he served two years in the Air Force. He has taken post-graduate courses in the field of anesthesiology at Albert Einstein College of Medicine, New York; Cook County Graduate School of Medicine, Chicago; and Cook County Hospital, Chicago.

Some basic observations

The Physical Evaluation of Patients for Out - Patient General Anesthesia

by Dennis S. Cook, Jr., B.S., D.D.S.

MOST DENTISTS will agree that with the aid of a thorough medical history, certain observations are necessary before any treatment is instigated. A physical evaluation is by no means a physical examination; however, if the dentist has access to hospital records, he is much better prepared to evaluate and avoid certain potential problems which might erupt during the course of treatment.

Since many patients do not have hospital records available for one reason or another, this places the entire responsibility of physical

evaluation upon the dentist. A mere physical history of diseases and past medical events is not sufficient information for the dentist to evaluate his patient and derive at sound judgment for treatment.

In addition to taking a thorough medical history certain physical as well as psychological observations must be made. Each contributes its own distinctive role in determining the success of the type of treatment undertaken. Surgical treatment would require a much more thorough and serious physical evaluation than prosthodontics due to

events which could endanger a patient's life.

After studying the patient's history a general physical observation is in order. While the patient is seated for treatment and during the conversation of events, the dentist can casually observe the patient's extremities and attitude toward treatment.

Some observations one must be aware of are:

BODY BUILD

A patient's body form may be classified as ectomorph, mesomorph, or endomorph!

Ectomorph — Thin, tall nervous type individual. Often stomach ulcer, TB, or leukemic patients.

Mesomorph — Heavy muscular body type with little adipose; athletic patients.

Endomorph — Obese, usually listless individual.

If one is undertaking exodontia under general anesthesia on a heavy framed individual with a short neck, he might consider possible problems from the surgery and the anesthesia depending on the age of the patient and other conditions. Teeth are more difficult to remove in dense heavy bone usually. At times short necked stocky individuals present anesthetic emergencies which can be difficult to manage. Emergency intubation may be a difficult task on these patients if the need should arise.

One would consider extremely frail individuals good candidates for tuberculosis, possibly contraindicating any general anesthetic and requiring further investigation before any operative or surgical procedure is attempted under regional anesthesia.

Pregnancy is another consideration. Pregnant patients past the first trimester should not be given general anesthesia if at all available. Analgesic or regional anesthesia if both should be employed for short procedures only. The length of the procedure is usually dictated by the ability of the patient to tolerate the treatment comfortably. One should not undertake a procedure longer or more trying than any patient can comfortably endure.

Physical Abnormalities Visually Observed

I. Heart and Vascular System

a. Ankle edema — possible decompensation from congestive heart failure, pregnancy or other causes.

b. Hippocratic fingers or "clubbing" — a bulbous enlargement of the terminal phalanges, associated with heart disease, phthisis, pulmonary diseases.

c. Inability to move about actively associated with heart and pulmonary diseases.

d. Varicose veins — can lead to more serious problems such as phlebitis, thrombophlebitis or embolus.

e. Petechiae and massive bruising indicative of a clotting abnormality.

f. Shortness of breath — heart disease or pulmonary problems.

II. Respiratory

a. Obstructed nasal breathing

1. Polyps

2. Fractured septum or nasal bone.

3. Colds

b. Irregular breathing — too rapid, too slow, dyspnea.

c. Poor vital capacity — this may be checked by a vital capacity

apparatus by McKesson - Scott. Charts relate the vital capacity of patients considering age and weight. If a patient's vital capacity is low, TB or some pulmonary problem should be suspected.

d. Poor compliance of lungs — Emphysetics are not easily handled under general anesthesia due to their pulmonary exchange of gases. Patients who are "hump-backed" could have this problem.

e. Uneven chest — One would investigate the possibility of an underdeveloped lung due to disease or even a collapsed lung.

f. Himophysis — Possible TB patient or lung injury.

g. Rhinitis, cough, heavy smokers — All have irritation to the broncheotracheal tree which would contraindicate general anesthesia.

II. Liver

a. Jaundice — any drugs eliminated by the liver in a patient with liver disease should be avoided. Other methods should be employed where feasible.

V. Kidney

a. Patients with nephritis should be handled with caution regarding drug therapy from the standpoint of type and dosage. Uremic or edematous patients from kidney failure are seldom seen in the dental office; however, the possibility remains.

Other Observations Possible Through Further Investigation

I. Temperature

a. Tacile method — Highly inaccurate but valuable when a thermometer is not available. Compare your temperature to the patient's by

feeling the patient's forehead and yours.

Patients with hypertermis should not even be considered for general anesthesia. Usually a temperature over 100 indicates antibiotic therapy if of dental origin. Patients febrile from other conditions naturally should be referred to their physician before dental treatment. Observation of the gingiva and tonsils often reflects the cause of many febrile conditions in children.

In summary, febrile patients should never be put under general anesthesia and treatment under regional should be only of necessity. It is far too easy to correct the hyperthemia and have the patient in at a later date than to take an unnecessary chance.

II. Blood Pressure and Heart Sounds

When systolic pressure is high this usually indicates functional changes in the circulatory system. High diastolic pressure may indicate pathological changes in the circulatory system. Normal systolic pressure in adults ranges between 110mm hg and 140mm hg depending on age. Patients having systolic pressures as high as 160mm hg can be anesthetized safely, those having pressures above this are poor risks.

Diastolic pressures normally range between 74mm hg and 94mm hg regardless of the patient's sex. Patients with a diastolic pressure over 9mm hg should not be anesthetized without a written statement from their physician.

Cardiac reserve is another consideration. Patients who can hold their breath over 40 seconds usually have enough cardiac and pulmonary reserve to undergo general anesthesia. Any patient showing less

cardiac reserve than this is best handled under regional anesthesia regardless of their nervous condition and other emotional problems.

Heart auscultations are normally regular and rhythmic. Flutters and or murmurs may indicate cardiac involvement. If this is considered serious, further investigation should be obtained from qualified sources.

III. Pulse

Each patient should have a full rhythmic pulse with a healthy elastic rebound of the vessel. Patients who, upon palpation, have vessels that do not rebound properly upon release of pressure should be suspected of coronary artery disease.

Average pulse is 72 for adult men and 80 for women. Seventy to ninety beats per minute is a normal range permitting general anesthesia.

Summary

All patients treated under general anesthesia on an out-patient basis must be physically evaluated to the best ability of the dentist. If any significant findings are made further investigation is necessary by qualified medical personnel before treatment. Unhealthy individuals are best treated under regional anesthesia in the dental office or when necessary, under general anesthesia in a hospital after careful examination and preparation by a qualified physician.

The actual judgement of treatment is the sole responsibility of the dentist to his patient.

210 NORWOOD ST.
LENOIR, N. C.
28645

North Carolina Dental Assistants' Association



"The object of this Association (American Dental Assistants Association) shall be to promote the education of the Dental Assistant, to improve and sustain the vocation of dental assisting, and to contribute to the advancement of the dental profession and to the improvement of the public health."

There was a whirlwind of activity in our Association this past year, and we are proud of our accomplishments. Our motto of "Education, Efficiency, Loyalty, Service," sums up our goals and objectives.

In August, the Past Presidents Council conducted a workshop for Component Officers. Its purpose was informing each officer of the guidelines for the performance of her duties set up by the component, constituent, and national organization. Membership campaign was initiated at district meetings in the fall. These district meetings were a new undertaking for our organization and resulted in organizational activity in four areas of our State.

Another first for the North Carolina Dental Assistants Association was a Seminar held in Wilmington. A program on "Teamwork Approach to Office Emergencies" and "Assisting in Oral Surgery in Hospital and Office" was presented by Doctor Jeremiah Partrick to enable us to fulfill our role as dental assistants more efficiently.

The 44th Annual Session of the American Dental Assistants Association was well represented by North Carolina Dental Assistants with Rebecca Ritchie of Statesville winning the Loyal Assistants Award. Many of our members are serving on national committees, and an article written by Reandy Clement was published in the *Journal of the American Dental Assistants Association*.

Our Education Committee is working to assure that the preparation of the dental assistant is of the highest caliber possible. Of the 1800 dental assistants employed in North Carolina, only 390 are taking advantage of membership in N.C.D.A. Education is the primary purpose of the N.C.D.A. and the American Dental Assistants Association. We ask the question, "Why are only approximately 20% of the dental assistants in North Carolina taking advantage of the benefits of membership?" This is a challenge facing organized dentistry in North Carolina. We need the cooperation of all members of the North Carolina Dental Society in encouraging their dental assistants to become members of our Association and to participate in our activities.

VIRGINIA HELMS
CHARLOTTE, N. C.

North Carolina Dental Hygienists' Association



Members of the North Carolina Dental Hygienists' Association gathered in Pinehurst May 11-13, 1969 for their 22nd annual session. In attendance were 77 members, 96 junior members, and 4 guests. At the opening session greetings from the N. C. Dental Society were extended by Dr. Colin P. Osborne, Jr., president. Also greeting the membership was Dr. M. W. Carpenter, advisor to N.C.D.H.A. Mrs. Lona Hulbush, president - elect, A.D.H.A., attended the annual meeting and contributed to the program with a summary of activities and plans for the national meeting in New York.

At the scientific session, Dr. Donald W. Warren spoke on "Research in Cleft Palate." With the aid of slides, the new techniques and treatment of cleft palates and ensuing speech impediments were demonstrated. Mrs. Carolyn Smart, of Tarrytown, N. Y., the first hygienist licensed in North Carolina, spoke at the President's Luncheon at the Manor Hotel. The afternoon session was highlighted by Miss Alice Bell of Atlanta, Georgia, a well known authority on charm and grooming, who spoke on "Personal Appearance and Poise for the Professional Woman." On May 13, Mrs. Smart addressed the group on "The Dental Hygienist in the Public

School System."

During the business session the following officers were elected:

Priscilla M. Levine, President

From Old Brookville, Long Island, New York, Priscilla graduated from State University A. & T. at Farmington, Long Island, New York. She was in private practice in New York for four years before coming to N. C. Priscilla is presently employed by Dr. C. A. Reap, Jr. in Chapel Hill. During her five years in North Carolina, she has been active on all levels of N.C.D.H.A. work. Priscilla is married to Michael D. Levine. Mike is a 1969 graduate of the UNC Law School and is a member of a local law firm.

Bobbie Phipps, President-elect

After spending 13 years in Oklahoma, Bobbie moved to Greensboro. She received her B.S. degree in Dental Hygiene from UNC-CH in 1959. In 1967 she was an associate instructor at Guilford Technical Institute in Jamestown. Bobbie has been employed by Dr. J. W. Sigmon and Dr. J. C. Trammell, Jr. in Greensboro for nine years. She is married to Jack M. Phipps who is with Clendenin, Wrenn, and Kirkman, Realtors.

Edna Railey Hensey, Vice-president

Having worked both in private practice and health education, Edna is presently an independent consultant. From Jefferson, Indiana, Edna received her certificate in Dental Hygiene and B.S. in Education from Indiana University. In 1965, she received her M.P.H. in Health Education from UNC. The past 4 years she has been with the Dental Health Division of the N. C. State Board of Health, as a public health educator. Edna is married to Charles M. Hensey and they live in Raleigh.

Donnie M. Brothers, Secretary

After graduation from Guilford Technical Institute at Jamestown in March 1968, Donnie has been employed by Dr. R. M. Kriegsmann of

Greensboro. She was born in Jacksonville, Alabama, but has been a North Carolina resident for 9 years. Donnie and her husband Jack have two children Salli, 10, and Scott, 6.

Pamela S. Richards, Treasurer

A native of Charlotte, Pam attended UNC-G for one year before transferring to Central Piedmont Community College. She graduated in the first dental hygiene class of CPCC in May 1967. Pam is employed by Dr. S. D. Petersen, Jr. of Charlotte. Her husband Charles G. Richards, teaches at Myers Park High School which they both attended.

Priscilla Levine was elected delegate to the national meeting. The alternate is Bobbie Phipps.

First District Dental Society

Francis A. Buchanan
President



You May Be A Winner!

IT IS WITH GREAT PLEASURE that I welcome you to the 48th annual meeting of the First District Dental Society at Grove Park Inn, Asheville September 27-29. Dr. Bill Prevost and his committee have worked hard and long with the hotel staff to provide us with the finest in food and facilities for our fall session. Dr. Bill Mynatt has secured an outstanding clinician and Dr. Milton Massey has a fine group of table clinics.

This year Dr. Bob Hoffman has made arrangements for our golf tournament to be held at Beaver Lake Golf Club. We hope to have fine tournament again this year. Bring your clubs and join us.

Plan to be with us at the luncheon on Monday. You may win the valuable door prizes.

Program

**GROVE PARK INN, ASHEVILLE
SEPTEMBER 27-29, 1969**

Saturday, September 27

- 3:00** Executive Committee Meeting—Room 342
- 4:00- 6:00** Registration—Lobby
- 6:00- 7:30** Cocktail Party—Green Room
- 7:30- 9:00** Banquet—Laurel Room
- 9:00-12:00** Dance—Laurel Room

Sunday, September 28

- 8:00-10:00** Golf Tournament—Beaver Lake Golf Club
- 3:00- 6:00** Registration—Lobby
- 4:00- 5:30** Table Clinics—Laurel Room
- 5:30- 6:30** Cocktail Party—Green Room
- Reception for State Officers and Wives
- 6:30- 7:30** Buffet Dinner—Plantation Room
- 8:30-10:00** Business Meeting—Ballroom
- 0:00-10:30** Informal meeting of new members with State Officers —
Sunset Room

Monday, September 29

- 9:00-12:30** Dr. Donald H. Masters—Laurel Room
- 9:00-12:00** Registration—Lobby
- 0:30** Coffee Break
- 1:00- 3:00** Luncheon with wives and new members—Ballroom

Table Clinics

- Sunday, September 28**
- 4:00-5:30 p.m.**
- 1. Practical Space Maintenance with Stainless Steel**, William H. Gwyn, Hickory
 - 2. To be announced**, John H. Shell, Morganton
 - 3. Personal Preventive Medicine**, James J. Cabe, Murphy
 - 4. Functional Occlusion**, Leonard B. Barber, Hendersonville
 - 5. Prosthetics—Simplified Technique**, Richard Belton, Gastonia
 - 6. Preventive Orthodontics**, Jerry M. Gunter, Gastonia
 - 7. To be announced**, Dental Hygienists Association

Essayist



Donald H. Masters, D.D.S.
San Antonio, Texas

Dr. Masters, a graduate of Texas University School of Dentistry, has been in private practice since 1948, and has limited his practice to periodontics since 1953. He is a consultant in periodontics at Lackland Air Force Base and at the School of Aerospace at Brooks Air Force Base.

For the past nine years he has been especially concerned with the patient's role in controlling periodontal disease and has lectured at eight dental schools and numerous dental societies.

Monday, September 29

9:00 a.m.-12:30 p.m.

HOW TO BE EFFECTIVE IN THE CONTROL AND PREVENTION OF PERIODONTAL DISEASE

Every dentist interested in control and prevention of dental disease knows the value in well organized methods to educate, motivate and technically train the patient to his role in treatment. The presentation will deal with this subject by highlighting the devastation of periodontal disease on the individual and the importance of patient applied therapy in periodontal practice.

This program is designed for the dentist in general practice who, by virtue of his position, has the opportunity to examine, recognize and direct treatment for the majority of patients seeking dental care.

Second District Dental Society



W. Smith Kirk
President

Continuing Education—The Proficient Team

IN APRIL 1966, an editorial appeared in this Journal entitled "Not Too Distant Future." Using a "what, when, and how" approach, the author explained with insight the increasing need for expanded dental service and our capacity for achieving such a goal. One of the writer's summary remarks emphasized important principles which influenced planning for this year's Seminar.

"To accomplish for our public the full potential for dental service at the level of excellence . . . auxiliary personnel must have an opportunity to stay abreast of current knowledge. It takes proficient members to make a winning team."

Dr. Glen Robinson and Emanuel Cheraskin have been selected by your Program Committee as clinicians for this year's meeting. Men of this stature should stimulate the imagination of the most sophisticated, as well as satisfy the demands of the pragmatic.

Our Sunday afternoon format of table clinics and projected clinics affords ample opportunity for attendance by auxiliaries. A projected clinic presentation by Dr. Fred Miller of his tour with the mercy ship "HOPE" in Ceylon should present dentistry in a new light to auxiliaries. Wives should also enjoy this presentation and are cordially invited to attend.

Our Sunday evening banquet at The White House Inn features unequaled cuisine and will include a formal recognition of new members. An evening of musical entertainment is planned with our wives in mind.

Clinical sessions are planned for Monday morning through Tuesday noon. All dentists are encouraged to bring auxiliary personnel and utilize this opportunity for upgrading their clinical skills. Strengthen the educational foundation of your office staff as we work together toward . . .
THE PROFICIENT TEAM.

Tar Heel Dental Seminar

**Sponsored by
THE SECOND DISTRICT DENTAL SOCIETY OF
NORTH CAROLINA**

**WHITE HOUSE INN, CHARLOTTE
SEPTEMBER 14-16, 1969**

Sunday, September 14

- 11:00** Registration—Main Lobby
1:30- 2:45 Table Clinics—Independence Hall, Section "A"
3:00- 4:15 Projected Clinic—Independence Hall, Section "A"
"Project H O P E" Dr. Fred Miller, Jonesville
4:15- 5:00 Opening Business Session—Independence Hall Section "A"
Necrology Service
Election of New Members
6:00- 7:00 Coffee and Social Hour—Mezanine—Ballroom
7:30 Banquet—Capitol Ballroom
Induction of New Members
Entertainment by Charlotte Chapter S.P.E.B.S.Q.S.A.
"The Charlotte Harmony Chorus"

Monday, September 15

- 8:30** Registration—Main Lobby
9:00-10:30 Dr. Cheraskin—Independence Hall Section "A"
10:30-10:45 Coffee Break
10:45-12:15 Dr. Cheraskin—Independence Hall Section "A"
12:15-12:45 Business Session—Independence Hall Section "A"
Election of Officers
12:45- 2:00 Business Luncheon—Capitol Ballroom
2:00- 3:30 Dr. Robinson—Independence Hall Section "A"
3:30- 3:45 Coffee Break
3:45- 5:00 Dr. Robinson—Independence Hall Section "A"
7:00 Dinner
8:00 Installation of Officers
8:15 Entertainment

Tuesday, September 16

- 8:00** New Members Breakfast—Senate Room A & B
8:30 Registration—Main Lobby
9:30-10:30 Dr. Cheraskin—Independence Hall Section "A"
10:30-10:45 Coffee Break
10:45-12:15 Dr. Robinson—Independence Hall Section "A"
12:15 Adjournment

Table Clinics

Sunday, September 14

1:30 p.m.

- 1. Dental Assisting Students at Central Piedmont Community College,**
Miss Joyce Sigmon, Instructor, Charlotte
- 2. Polaroid Intra-oral Photography,** Dr. Mark Perlin, Charlotte
- 3. Venipuncture,** Dr. J. W. Barts, Charlotte
- 4. Dentistry on Stamps (postal display),** Dr. Paul Maus, Salisbury
- 5. An Appliance for Bruxers,** Dr. W. W. Blackman, Salisbury
- 6. Simplified Intra-oral Paralleling,** Dr. Lewis Lambe, Winston-Salem
- 7. Implant Dentures,** Dr. E. A. Eckerd, Mocksville
- 8. What's the Difference,** Mrs. Jackie Newell, Dental Assistant for Dr.
E. F. Harris, Charlotte
- 9. I. V. Pre-Medication of the Apprehensive Patient,** Dr. E. B. Mor-
gan, Jr., Kannapolis
- 10. A Method for Inventory Control in the Dental Office,** Dr. W. R.
Campbell, High Point
- 11. Use of the Electrosurgical Unit in Dentistry,** Dr. J. B. Zuccarello,
Concord

Essayist



Glen E. Robinson, D.M.D.
Birmingham, Alabama

Monday, September 15
Tuesday, September 16

2:00 p.m.
10:45 a.m.

Dr. Robinson, with a background in both private practice and teaching, is at present Assistant Professor of Dentistry at the Dental School, University of Alabama. He is Chairman of the Committee on Teaching and a member of the Intramural Private Practice Committee. He is Director of the Dental Assistant Utilization Clinic. Dr. Robinson has lectured extensively to such groups as the American Dental Association, constituent dental societies, and dental schools throughout the country.

FOUR HANDED DENTISTRY: MODERN CONCEPTS OF DENTAL ASSISTANT UTILIZATION

This new approach to dental treatment increases the productivity of the dentist through effective use of the chairside dental assistant, modern equipment, and techniques. It also has the effect of reducing the stress under which the dentist must work and making it possible for him to provide more high quality care for more patients. It also makes the dental office visit a more comfortable and pleasant experience for the patient.

Essayist



**Emanuel Cheraskin, M.D., D.M.D.
Birmingham, Alabama**

**Monday, September 15
Tuesday, September 16**

**9:00 a.m.
9:00 a.m.**

Dr. Cheraskin, the author of over two hundred published scientific papers and the recipient of a very long list of national and international honors and scientific recognition in both medicine and dentistry, is currently Professor and Chairman of the Department of Oral Medicine at the University of Alabama School of Dentistry. He has held professorships in Anatomy, Physiology, Oral Medicine, and Oral Surgery. He has done extensive research in the fields of hematology, biochemistry, oral diagnosis, oral medicine, and nutrition.

THE ROLE OF DIET AND NUTRITION IN DENTAL PRACTICE

By act, if not by word, the emphasis today in stomatology is that the local environment produces oral disease. An attempt will be made in this presentation to show the mechanisms involved in the genesis of oral health and disease. Specific attention will be placed upon the role of diet and nutrition in oral pathosis. Practical clinical illustrations will be utilized to underline the importance of diet and nutrition in host resistance and susceptibility as it relates to stomatologic problems.

Third District Dental Society



L. P. Megginson, Jr.
President

What a Program!

THE THIRD DISTRICT Dental Society will have its annual fall meeting in High Point following the big fall furniture market, and we are planning to take advantage of this situation. The best time to visit the show rooms is right after a big market.

The top of the Mart Restaurant, located on the 11th floor of the newly-expanded 30-acre Southern Furniture Exposition Building, offers wonderful facilities for our program. And if you don't know about the 118-room Down-town Holiday Inn (formerly the New South Motor Inn) right across the street, then just ask someone who has stayed there.

And what a program . . . tours of the furniture show rooms, an excellent speaker, a dinner-dance in the over 1,000 capacity Sky—Sheppard Terrace — High Point Rooms combination, good table clinics and exhibits, a tour of the newly-finished dental hygienist and assistant building at Guilford Technical Institute, and, of course, this is good golfing country.

Our dental hygienist and dental assistant societies will have a full program at the Top of the Mart, too. So bring your auxiliary personnel, and by all means bring your wife. The Third District Dental Auxiliary has an exceptional program lined up, featuring an address by Reginald Styers of Kernersville, nationally-known interior decorator. We firmly believe that you and your wife will long remember your visit to High Point, the Heart of Furnitureland, U.S.A.

Anyway, the name of the game is enjoyment, so let's all do just that. Our members, their wives, hygienists, and assistants have put a lot into this meeting, and our profession will profit from their effort. A certain amount has to be put into an investment before a return can be realized. Come share our return.

We extend a cordial invitation to all our district members and all members of the North Carolina Dental Society and their wives to be with us in High Point on November 1-3.

THIRD DISTRICT

Program

TOP-OF-THE-MART SOUTHERN FURNITURE EXPOSITION BUILDING HIGH POINT NOVEMBER 1-3, 1969

Saturday, November 1

- 12:00- 4:00** Registration—Southern Furniture Exposition Building, East Green Drive Wing
2:00- 4:00 Table Clinics and Exhibits—High Point Room, Top-of-the Mart
6:00 Social Hour—Top-of-the Mart
7:30 Dinner—Top-of-the-Mart
9:00- 1:00 Dance, The Goodman-Brown Band

Sunday, November 2

- 9:00-11:00** Golf Tournament
11:00 Attend the High Point Church of your choice
12:00- 1:00 New members orientation luncheon—Top-of-the-Mart
1:00- 7:00 Registration Desk opens—Furniture Exposition Building, East Green Drive Wing
1:00- 2:00 Tour of new dental facilities at Guilford Technical Institute—Bus leaves from in front of the Down Town Holiday Inn
2:00- 4:00 Table Clinics and Exhibits—High Point Room, Top-of-the Mart
4:30 Executive Committee Meeting
6:30 Banquet—Sky Room, Top-of-the-Mart
8:30 First General Session

Monday, November 3

- 8:00** Registration Desk opens
9:00-10:20 "Team Approach for Dentistry—1970"—High Point Room, Top-of-the-Mart, Dr. Robert B. Shira, Chief of the Army Dental Corps.
10:20 Coffee Break
10:40 "What about Dental Auxiliary Personnel"—General Robert B. Shira
12:00- 1:00 Luncheon
1:00- 2:30 "Changing Concepts in the Practice of Dentistry"—General Robert B. Shira
2:00 Second General Session, High Point Room

Essayist



Robert B. Shira, D.D.S.
Washington, D. C.

Major General Shira is Assistant Surgeon General, and Chief of the Army Dental Corps. He is a Fellow of the American College of Dentists; a Diplomate of the American Board of Surgery; a past president of the American Society of Oral Surgeons; and chairman of the Council on Dental Therapeutics of the American Dental Association.

Monday, November 3

9:00-10:20 a.m.

1970 DENTISTRY TODAY

Changes and improvements are evident in every aspect of modern living. Nowhere is this more apparent than in the health sciences. There is a growing concern about the quality of professional care and the necessity of bringing health services to all the people. This presentation will cover some of the newer techniques and therapeutic advances that are enabling dentistry to improve the quality of patient care. It will also emphasize the importance of the prevention of oral disease as our profession strives to bring dentistry to more and more people. One method of bringing preventive measures and definitive oral health care to larger segments of the population will be discussed. This presentation should be of interest to all dentists and their auxiliary personnel.

Monday, November 3

10:40 a.m.-12:00 noon

DENTAL AUXILIARIES AND THE HEALTH PROFESSIONS

Health is a necessity — not a privilege. Every human being is entitled to the benefits of health care and the professions must work diligently to deliver the services. Dentistry, as an integral part of the health services, has an important role to play. It is delivering a health service that no one else can deliver, since the body cannot be healthy unless the oral cavity is healthy. This presentation will describe dentistry's contribution to total health care and stress the team approach to dental practice. The role of auxiliaries will be stressed as our profession meets the challenges of the 1970s.

Monday, November 3

1:00-2:30 p.m.

CHANGING CONCEPTS IN THE PRACTICE OF EXODONTIA AND ORAL SURGERY

Changes are evident in all phases of the practice of dentistry. This presentation will review and evaluate the changing concepts of the practice of exodontia and oral surgery. Improvements have been developed in equipment and instruments and an evaluation of these developments will be given. Newer drugs and anesthetic agents are available and their place in the modern practice of exodontia will be covered. Startling new information regarding the pathology associated with impacted teeth and dental cysts will be discussed. This presentation is designed for the general practitioner and his auxiliary personnel.

THIRD DISTRICT

Table Clinics

Sunday, November 2

2:00-4:00 p.m.

- 1. The Precision Attachment Bridge**, Frank G. Atwater, Greensboro.
- 2. Mandibular Third Molar Extractions**, Nat Garrison, Burlington.
- 3. Occlusion**, Baxter Sapp, Jr., Duke University Medical Center.
- 4. Endodontics**, Benjamin Brown, Greensboro.
- 5. Rubber Dam Technique**, Marion Ralls, Greensboro.
- 6. Office Emergencies**, Claude Hearn, Duke University Medical Center.
- 7. Temporomandibular Joint Problems**, Galen W. Quinn, Duke University Medical Center.
- 8. Pedodontics and Preventative Orthodontics for the Cleft Palate Patient**, Sandy C. Marks, UNC School of Dentistry.
- 9. Students in Community Dentistry**, Claude W. Drake, Chapel Hill.

THIRD DISTRICT

Exhibits

Sunday, November 2

2:00-4:00 p.m.

- 1. Auxiliary Personnel Programs**, School of Dentistry, University of North Carolina.
- 2. Dental Laboratory Program**, Durham Technical Institute, Durham
- 3. Dental Auxiliary Personnel Programs**, Guilford Technical Institute, Jamestown.
- 4. Dental Auxiliary Personnel Programs**, Wayne Community College, Goldsboro.
- 5. Dental Assistant Program**, Technical Institute of Alamance, Burlington.
- 6. Dental Auxiliary Personnel Programs**, Central Piedmont Community College, Charlotte.
- 7. Facial Anomalies**, Duke University Medical Center.

Fourth District Dental Society



P. C. Purvis
President

Education, Fellowship, Fun, And Door Prizes

THE APPROACHING 49th annual meeting of the Fourth District Dental Society promises all of the above and more to everyone who attends our meeting this year!

Again the city of Fayetteville and the enlarged Downtowner Motor Inn provides convenience and luxury for our meeting, October 4-6.

Dr. Mitchell Wallace, annual session general chairman, has done an excellent job in coordinating all efforts to produce a meeting that encompasses everything you could hope for in a district meeting.

Dr. Harold Maxwell, program chairman, has a most informative clinician in Dr. J. B. Freedland, one of the most outstanding and interesting clinicians in dentistry today. He will discuss "Treatment of the Dental Pulp by the General Practitioner."

Dr. Lynn Holzback, entertainment chairman, has planned for Saturday evening, October 4, a night of entertainment that will be one of the finest any district has ever produced. After our banquet, the Fayetteville Little Theater will present a Variety Revue, entertaining to everyone. After all this, dancing will be available for continued fellowship and fun.

Dr. Eddie Pridgen, table clinic chairman, has arranged an excellent variety of clinics that will be of great interest on Sunday afternoon.

Dr. Bob Owens, chairman of the sports committee, reports that plans are made for a fine tournament on Sunday morning at the beautiful and challenging Iron Gate Golf Course.

As always, we extend a very cordial invitation to the ladies who always add glamour to our meetings. Not only will they be assured a great night on Saturday but also a most unusual experience on Monday at a "wine taster."

This meeting is yours to enjoy to its fullest. All district officers look forward to sharing it with you.

FOURTH DISTRICT

Program

DOWNTOWNER MOTOR INN, FAYETTEVILLE OCTOBER 4-6, 1969

Saturday, October 4

- 3:00- 7:00** Registration—Motel Lobby
3:30 Clinic Committee Meeting—Azalea Room
4:30 Executive Committee Meeting—Azalea Room
6:30- 7:30 Social Hour—Dogwood Room
8:00- 9:00 Banquet—Tarheel Room
9:00-10:00 Entertainment—Fayetteville Little Theatre
10:00-11:30 Dancing

Sunday, October 5

- 9:00-11:00** Golf Tournament—Iron Gate Country Club
11:00 The churches of Fayetteville welcome you to their services
12:00- 6:00 Registration Desk Opens—Motel Lobby
1:00- 2:30 New Members Luncheon—Dogwood Room (Attendance is
is mandatory for prospective new members)
3:30- 5:00 Table Clinics—Tarheel Room
5:30- 6:30 Social Hour—Tarheel Lounge
6:30- 7:30 Buffet Dinner—Tarheel Room
8:00 First General Session—Pine Room
Call to Order—Dr. P. C. Purvis
Invocation—Dr. Newton Smith
Report of Secretary—Dr. J. H. Edwards
Report of Treasurer—Dr. J. H. Edwards
Recognition of N. C. Dental Society Officers and Guests—
Dr. P. C. Purvis
Committee Reports
President's Address—Dr. P. C. Purvis
Greetings—President of the N. C. Dental Society
Message from the N. C. Dental Foundation
Progress Report, Dental Service Corporation—Dr. Roy L.
Lindahl
Report from the U.N.C. School of Dentistry—Dr. James
Bawden, Dean
Installation of and charge to new members— Dr. George
Townsend
Introduction of Newly Elected Officers—Dr. R. T. Byrd
Announcements
Adjournment

Monday, October 6

8:00- 1:00	Registration—Motel Lobby
8:45	General Session—Pine Room
	Call to Order—Dr. P. C. Purvis
	Invocation—Dr. E. L. Robinson
	Report on President's Address—Dr. Thomas G. Collins
	"Treatment of the Dental Pulp by the General Practitioner,"—Dr. J. B. Freedland, Charlotte
10:30	Coffee Break
10:45	Dr. Freedland
12:00	Lunch—Tarheel Room
1:30	Dr. Freedland
3:30	General Session—Pine Room
	Unfinished Business
	Installation of New Officers
	Adjournment
4:00	Executive Committee Meeting—Pine Room

FOURTH DISTRICT

Table Clinics

Sunday, October 5

3:00-5:00 p.m.

- 1. Some New Concepts in Dentistry**, R. R. Milligan, Fayetteville.
- 2. Intraosseous Anesthesia**, James B. Hancock, Fayetteville.
- 3. Peridental Surgery**, R. A. Carnevalle, Fayetteville.
- 4. A Post Crown Technique**, M. T. Wallace, Spring Lake.
- 5. Sterilization Techniques**, Jenny Rothermel, R.N. and Charlene White, C.D.A., Fayetteville.
- 6. Front Office and Recall**, W. C. Keith, Elizabethtown.
- 7. Records**, R. M. Polk, Laurinburg.
- 8. X-Ray Duplication**, E. N. Pridgen, Fayetteville.

FOURTH DISTRICT

Essayist



J. B. Freedland
Charlotte, North Carolina

Dr. Freedland limits his private practice in Charlotte to endodontics. A Fellow of the International College of Dentists, he is a past president of the Second District Dental Society and the American Association of Endodontists, and a member of the American Board of Endodontics. He is a graduate of Emory University School of Dentistry. In 1965 he received the Charlotte Dental Society Award for Outstanding Service to Dentistry.

Monday, October 6

8:45 a.m. and 1:30 p.m.

TREATMENT OF THE DENTAL PULP BY THE GENERAL PRACTITIONER

1. Causes of Tooth Loss
2. Factors That Continue to Influence Acceptance of Endodontic Therapy
 - a. Comprehension of requirements
 - b. Predictability of a favorable prognosis
 - c. The attendant possibilities of pain and discomfort
3. Significance and Application of Endodontic Principles
 - a. Biologic requirements for asepsis, sterilization, and obliteration of the root canal.
4. Variables in Diagnosis and Therapy

Examples will be shown of cases that may influence the diagnosis and therapy, e.g.:

 - a. Size of radiolucency
 - b. Location of radiolucency
 - c. Age of lesion
 - d. Age of patient
 - e. Canal obstructions
 - f. Resorptions
 - g. Fractures
 - h. Ectopic fistulae
 - i. Evaluation of failures and possible failures
 - j. Apexification
 - k. Influence of systemic disease factors in endodontic therapy

Fifth District Dental Society



T. S. Fleming
President

Join us at Wrightsville Beach

UNDER the very able leadership of Dr. Jim Cox, our program committee has secured Robert P. LeVoy of New York City as our clinician for this year's Fifth District Meeting. We feel that all of us will have a treat in store with this program. He is very anxious that our wives and office personnel attend his program on Friday, and assures us that his easy to follow, easy to apply non-technical language will be of value and interest to all.

As you will note, we have changed the days of our District meeting to Friday and Saturday, September 19 and 20. Our clinician will start promptly at 10:00 Friday morning.

With Garland Homes and Wayne Anderson guiding our arrangements committee, we know that you will have an interesting series of events for your enjoyment. Come be with us.

FIFTH DISTRICT

Program

BLOCKADE RUNNER MOTOR HOTEL, WRIGHTSVILLE BEACH SEPTEMBER 18-20, 1969

Thursday, September 18

4:00 Executive Committee Meeting, Executive Board Room #210

Friday, September, 19

8:00-10:00 Registration, Main Lobby
10:00- 1:00 Mr. Robert P. Levoy, New York—Nighthawk Room
1:00- 2:00 Luncheon—Robert E. Lee Room
2:15- 5:00 Mr. Levoy—Nighthawk Room
6:00 Social Hour—Patio
7:30 Banquet—Robert E. Lee Room
Master of Ceremonies—Dr. Dave Freshwater
Invocation—Dr. W. H. Gray, Jr.
Welcome—Wilmington Dental Society
Introduction of Guests—Dr. Dave Freshwater
8:30 General Session—Nighthawk Room
Call to Order—Dr. Tom Fleming
Necrology Service—Dr. Tom Reid
Minutes of Last Meeting and Secretary-Treasurer's Report—Dr. Jim Privette
President's Address—Dr. Tom Fleming
Presentation of New Members—Dr. Bill Kidd
Nominating Committee Report—Dr. M. W. Aldridge
Election of Officers

Saturday, September 20

8:00 New Member Breakfast, Executive Board Room #210
8:30-10:00 Registration
9:00-10:30 Final Business Session
Committee Reports
Report on President's Address—Dr. Ben Houston
Installation of Officers
Adjournment
10:30- 1:00 Table Clinics

Table Clinics

Saturday, September 20

10:30 a.m.-1:00 p.m.

1. **Simple Tooth Movement**, Eastern North Carolina Orthodontic Study Club, Alex Willis, Jacksonville; Jack Chesson, Rocky Mount; Jack Silvers, Goldsboro.
2. **Removable Prosthesis for Primary and Mixed Dentition**, Ben R. Baker, Kinston.
3. **Oral Surgical Infections**, Jerry N. Partrick, Wilmington.
4. **Prevention**, M. W. Aldridge, Greenville.
5. **Alginate Impression Technique**—Complete Dentures, Richard Davidson, CDR DC USN, Camp Lejeune.

Essayist

Robert P. Levoy
New York City



Dr. Levoy is administrative director of Professional Practice Consultants, and independent research organization in New York. The author of the text "The \$100,000 Practice and How to Build It," Dr. Levoy has spent the last 12 years visiting professional offices throughout the United States researching successful methods of practice, and has conducted over 1,500 seminars for professional groups.

BUILDING A PRACTICE

This program will emphasize the how-to of actually solving problems you encounter every day in your practice. Your wives, assistants and receptionists are urged to participate. The easy-to-follow, easy-to-apply, non-technical language of the program will be of interest to them.

The program will include proven formulas from some of the most successful offices in the nation on:

How to motivate your patients to accept complete preventive dental care instead of complaint-emergency care;

How to use the telephone for more effective recalls, collections, and appointments;

Tested methods for presenting professional fees;

Six tested ways to handle your patient's objections;

The practice of building facts of life about referrals and attracting new patients;

How to build a climate for communicating with the patient;

The four word question every patient asks going through an examination;

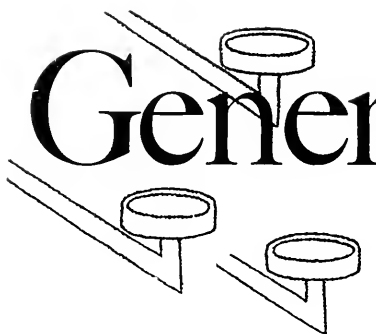
Twenty-two unique and ethical public relations ideas that you can use—starting the next day;

Twenty-five tested ideas to make your office more attractive and more appealing;


How to add "plus values" to your services;

How "Word Magic" can make your case presentation more convincing;

A potpourri of tested dental practice building ideas.



General News



76 Dentists Licensed

Seventy-six dentists and seventy-five dental hygienists were licensed by the State Board of Dental Examiners in July. Examinations were held in Chapel Hill the week of June 23.

Licensed to practice dentistry were: G. Robert Andrews, Williamsburg, Virginia; Hugh B. Avant, Forest City; Thomas E. Brooks, Chapel Hill; Thomas A. Brown, Chapel Hill; Richard L. Bryson, Jacksonville; Vaughn E. Bullard, Chapel Hill; Ernest Jefferson Burkes, Jr., Chapel Hill; Jerry Ralph Clark, Greensboro; Hal P. Cockerham, Raleigh; Andrew P. Collins, Durham; Buckley Wayne Cozart, Roxboro; John M. Crabbill, Miami, Florida; E. G. Crawford, Jr., Saugus, Massachusetts; James D. Douglass, Fayetteville; David F. Edwards, Raleigh; Samuel C. Elliott, Sacramento, California; John Norman Engel, Nashville, Tennessee; William Hunter Fitts, Jr., Sanford; Steven C. Floyd, Charlotte; Frederick Watson Foushee, Jr., Orange, California; Leon Fowler, Jr., Wake Forest; R. H. Fuller, III, South Boston, Virginia.

Also, Steven Raleigh Frye, Hickory; Ronald Alan Greenspan, Chapel Hill; Claude Dugan Gree-

son, Burlington; Herbert Carlton Guthrie, Raleigh; N. G. Harrell, Ahoskie; Philip Guest Hathcote, Rocky Mount; Paul E. Hendricks, Jr., Kings Mountain; Robert G. Hicks, Holland, Pennsylvania; James B. Holman, III, Columbia, South Carolina; Eugene F. Howden, Chapel Hill; Stanley E. Holt, Dickson, Tennessee; Stephen Allen Hyman, High Point; William Luke Johnson, Jr., Greensboro; James D. Kaley, Chapel Hill; Kenneth Anthony Koontz, Alexandria, Virginia; Frederick Stevens LaFevers, Goldsboro; Asa B. Lee, III, Spartanburg, South Carolina; Herbert B. Leslie, Camp Lejeune; Jasper Lee Lewis, Jr., Washington; Stephen Barry Mackler, Chapel Hill; Kenneth Paul Manning, Williamston; Roy Sherman Massengill, Smithfield.

Also, John D. Mathewson, Brevard; D. Ray McArthur, Red Springs; Lynn Bruce McNeely, Mooresville; Joseph B. Mickler, Bluefield, West Virginia; Wray S. Monroe, Decatur, Illinois; Joseph Ray Mooring, Jr., Mount Olive; J. M. Murphy, Jr., Dayton, Ohio; Robert N. Myse, Pensacola, Florida; Norman K. Nakaji, Santa Barbara, California; Larry Kent Neal, Sr., Kannapolis; Richard Johnston Noel, Henderson; Walter Bennett Parrish, Jr.,

Rocky Mount; David Larry Parsons, Greensboro; Thomas McKeel Peterson, Elon College; John Frank Phillips, Jr., Falls Church, Virginia; Robert Carroll Phillips, Jr., Matthews; Ramon G. Plowden, Clyde; Lee Warwick Porter, Wilmington; William H. Salling, Jr., Durham; Edward H. Sayre, Jr., Tryon; Beryl A. Slome, Chapel Hill; Frederick Bowen Smith, Chapel Hill; Arthur Neal Spangler, Jr., Lattimore; Ronald Howell Steelman, Morganton.

Also, Donald Wayne Taylor, Fuquay-Varina; William Earl Tripp, Jr., Robersonville; James William Walker, Madison; Alfred Daniel Warren, III, Snow Hill; William Albert Weathers, Lattimore; Don S. Whisonant, Lincolnton; Bill J. Williams, Kannapolis; and Corbin O. Williams, Hendersonville.

Licensed to practice dental hygiene were: Rebecca Alansky, Pittsburgh, Pennsylvania; Judith Terry Atwood, Charlotte; Elizabeth S. Ball, Hendersonville; Betty Rose Bass, Charlotte; Beverly Anne Beach, Winston-Salem; Harriett Beam Lyles, Charlotte; Karen Blume, Charlotte; Judy Carol Bownan, Charlotte; Alexander William Brebner, Columbia, South Carolina; Paulette Brown, Durham; Mellinnee Mona Burris, Charlotte; Patricia Ann Bynum, Jacksonville; Mary Elizabeth Cadieu, Charlotte; Betty Adams Carraway, McColl, South Carolina; Libby Ann Clayton, Stem; Gale Evans Cobb, Columbia, South Carolina; Betty C. Cox, Charlotte; Kathy Davis, Goldsboro; Shirley Deans, Goldsboro; Ruby C. Edwards, Charlotte; Kathleen N. Ellegood, Chapel Hill; Mildred Hancock Emory, New Bern; Caroline Jean Flintom, Greensboro.

Also, Brenda Jo Forrest, Mocks-

ville; Kathryn C. Foster, Florence, South Carolina; Holly Diane Franklin, Charlotte; Penny E. Furr, Albemarle; Sheila M. Gaffney, Fort Bragg; Mary Josie Gardner, Pine-tops; Carol F. Gillispie, Fayetteville; Judith Worrell Hagler, Charlotte; Quata D. Hathcote, Williamston; Patricia D. Hawkins, W. Asheville; Marjorie Jane Healey, Chapel Hill; Elizabeth Adela Hernandez, Enfield; Linda A. Higdon, Hendersonville; Marilyn Patton Hodges, Asheville; Mary Sue Holt, Burlington; Beverly J. Howard, Clemmons; Kay Breedlove Hudson, High Point; Ethelene Moore Hughes, Goldsboro; Paula Kochis, Durham; Dolores Collins Koonce, Trenton; Gail Lancaster, Hickory; Sandra Jean Lossie, Jacksonville; Lutie Ogden McClain, Raleigh.

Also, Rebecca D. McCotter, Mt. Holly; Sondra Lane McCracken, Charlotte; Teresa McLeod, Ellerbe; Mara G. MacKenzie, Ayden; Beverly M. Macomber, Asheville; Brenda F. Mann, Lillington; Elizabeth Sherrine Martin, Matthews; Marilyn K. Miller, Morganton; Linda Lee Morris, New Bern; Linda N. Edwards, Louisburg; Kathy Whitlow Oakley, Butner; Nancy O'Bryan, Pollocksville; Millie A. Phillips, Henrietta; Bettie Kay Raybon, Zebulon; Patricia Clark Reddeck, Charlotte; Cindy Jo Riley, Rocky Mount; Patricia L. Reaves, Raleigh; Patricia S. Robinson, Charlotte; Mary Linda Sasser, Burgaw; Betty K. Sossaman, Jamestown; Diane B. Stokes, Goldsboro; Harriet Younginer Trexler, Charlotte; Mary Christine Whitaker, Asheville; Elizabeth Louise Winegar, White Stone, Virginia; Margaret Flye Wynne, Chapel Hill; Ann York Jones, Charlotte; Cheryl

Young Bruton, Charlotte; Mary A. Youngblood, Charlotte; and Fran Zuaboni, Havelock.

Fluoridation Study

A twelve-year study to determine the optimum level of fluoridation for rural school water supplies was recently initiated in North Carolina by the U. S. Public Health Service in cooperation with the Dental Health Division of the State Board of Health.

The Dental Health Division is fluoridating five rural school water supplies in order to provide the benefits of water fluoridation to children who are not served by municipal water supplies. The Laboratory and Sanitary Engineering Divisions of the State Board of Health are assisting in the projects and prior permission of the Boards of Education in the counties in which the schools are located has been granted.

Conference On Comprehensive Care

A conference on comprehensive care in clinical dental education, the first of its kind in the United States, was held at Pine Needles Lodge in Southern Pines, June 16-19. About 100 persons were in attendance at the meeting conducted by the UNC School of Dentistry, and supported by the American Fund for Dental Education and the Procter and Gamble Company.

The conference stressed comprehensive care concept in clinical education. Dean James W. Bawden was conference director. Dr. Clifton E. Crandell, associate professor of oral diagnosis, was associate director.

Scholarships Awarded

Three \$100 scholarships, designed to stimulate and encourage interest among young women in careers in dental assisting and dental hygiene, have been awarded by the Blue Ridge Dental Society.

Dr. G. Terry Johnson, vice president, announced in June that Mrs. Gaynell Goss of Yadkinville, Miss Jane Shores and Miss Margaret Crouse of Sparta were the winners. All three plan to become dental hygienists and the scholarships will be used to help pay for their education.

Association Seeks Members

The American Association of Industrial, Institutional, and Insurance Dentists, formerly the American Association of Industrial Dentists, has announced that members will be accepted who are engaged in the following fields:

1. Industrial Institutions. All practitioners who are servicing personnel of industrial establishments or unions.

2. Insurance Plans. Dentists associated as employees, working or acting as consultants for dental insurance plans or working in private practice for prepaid insurance plans.

3. Dentists associated with a university who have a special interest in group dental health or are affiliated with out-patient care in dental school clinics or hospitals.

For membership information write: Emma M. Aston, executive secretary, 14 Hunter Lane, Camp Hill, Pa., 17011.

Board Elections

Dr. Freeman C. Slaughter of Kannapolis and Dr. Robert H. Wat-

son of Charlotte have been elected to the Board of Dental Examiners for three-year terms beginning August 1. Dr. R. B. Barden, chairman of the Board of Dental Elections made the announcement June 7.

This will be Dr. Slaughter's second term on the Board. In 1968-69 he served as president of the Board. Dr. Watson will be serving his first term.

At its meeting in July, the Board elected Dr. R. B. Barden of Wilmington president of the Board and Dr. C. C. Diercks of Morganton, secretary - treasurer for the coming year.

J. L. Crumpton Honored

J. L. Crumpton of Durham was awarded an honorary Doctor of Laws Degree by Elon College at its 79th annual commencement exercises May 25. Mr. Crumpton is well known by dentists throughout the state. For over 25 years he has administered the Society's group disability insurance program.

Mr. Crumpton was named Elon's outstanding alumnus in 1966. He has served on the college's board of trustees for 15 years.

In conferring the degree, the college cited Mr. Crumpton as a "successful businessman, friend of education, civic leader, dedicated churchman, and Christian gentleman."

Provisional Licenses

The State Board of Dental Examiners may now issue provisional licenses to dentists licensed in other states which will permit them to practice in North Carolina pending the next annual examination scheduled by the Board.



J. L. CRUMPTON (right) of Durham receiving an honorary Doctor of Laws degree from Dr. James E. Danieley, president of Elon College.

The bill authorizing the Board to grant provisional licenses to dentists licensed in other jurisdictions whose requirements for licensure are at least equal to North Carolina standards was introduced in the 1969 General Assembly on May 22 by the Society's Legislative Committee at the direction of the House of Delegates. It was ratified and became law on June 11.

The legislation will assist the UNC School of Dentistry in securing qualified professors, according to Dean James W. Bawden. The salary which the school can offer is limited, Dr. Bawden pointed out, and well qualified men insist upon an opportunity to supplement their income from private work in the school's intramural clinic. Under a temporary license, they will have an opportunity to engage in such practice between the annual exami-

nations of the Board, if the Board determines that they are fully qualified by their home state licensure.

Dental Radiology Traineeship

The University of Alabama School of Dentistry announces a three-year research and teacher training program in Dental Radiology leading to a Master of Science degree. Support for one qualified individual at a first year stipend of \$6,000 per annum plus \$500 for each dependent is available annually through a National Institute of Dental Research training grant. Tuition charges and certain other miscellaneous costs are also grant supported. Applicants are not restricted to those having a dental degree.

Inquiries and applications should be addressed to Dr. Arthur H. Wuehrmann, University of Alabama Medical Center, School of Dentistry, Birmingham, Alabama 35233. Individuals accepted into the program must be approved by both the School of Dentistry and the Graduate School of the University.

NADSP Renamed

Delta Dental Plans Association is the new name of the National Association of Dental Service Plans organized in 1965 to coordinate activities of dental service corporations throughout the nation. The name change was adopted at the annual meeting of the Association membership in Chicago June 7.

Dr. F. Gene Dixon, managing director of California Dental Service, the nation's largest, was elected president of DDPA. Dr. George P. Boucek of Pittsburgh and

president of Pennsylvania Dental Service Corporation, was named vice president.

Other officers elected were: Dr. John Y. Kim, Honolulu, secretary; and Dr. Harvey C. Janke, Cleveland, treasurer.

Forsyth Dentists Honored

Dr. Floyd N. Tomlinson and Dr. Vernon H. Cox were honored in April by the Forsyth County Dental Society for their services and leadership in dentistry. The Society presented plaques to the Winston-Salem dentists in appreciation for their long years of dedication to their profession.

Dr. Tomlinson has been in practice for 51 years. Dr. Cox has practiced for 41 years.

New Blue Certificate

Substantial increases in benefits at lower premiums were offered July 15 to members enrolled in the Society - sponsored group hospital-medical plan administered by North Carolina Blue Cross and Blue Shield, Inc.

The "New Blue" Certificate was recommended by the Society's Insurance Committee and approved by the 1969 House of Delegates.

New benefits have been added in several areas and rates have been reduced in five categories. There is an increase of 66¢ per quarter for family coverage.

Truth In Lending Act

Dentists who extend or arrange credit for their patients may be required to conform with the Federal "Truth in Lending Act" which became law July 1, 1969, according

to Bernard J. Conway, ADA assistant executive director for legal affairs. In a letter to all constituent and component societies, Mr. Conway noted that the Act will apply to dentists under the following circumstances.

1. A dentist who extends his own credit to a patient and charges interest or imposes any other finance charge for that credit must fulfill the disclosure requirements of the Act.

2. A dentist who extends his own credit and charges no interest or other finance charge for that credit will not be subject to the disclosure requirements of the Act, unless he permits the patient to pay the bill in five or more installments.

3. A dentist who arranges credit for his patient (usually a bank loan) will also be required to fulfill the disclosure requirements of the Act.

Mr. Conway also advised constituent or component societies that sponsor postpayment plans to contact the bank or banks that provide postpayment plan loans to determine what assistance the banks will provide to assist participating dentists in fulfilling the Act's disclosure requirements.

Professional Corporation Act

The 1969 General Assembly before adjourning the longest session on record ratified a professional corporation bill sponsored by the North Carolina Association of Professions. The North Carolina Dental Society is a member organization.

Under the provisions of the bill which became law on June 3, dentists will be able to incorporate their practices effective January 1, 1970. Other professionals granted

the same privilege include: architects, attorneys, accountants, physicians, optometrists, osteopaths, chiropractors, veterinarians, podiatrists, practicing psychologists, and engineers.

Clinicians for 1970

Dr. Robert F. Barkley of Macomb, Illinois and Dr. Jack L. Hartley of New Braunfels, Texas, will headline the scientific session at the Society's 114th annual session in Pinehurst May 10-13, 1970, according to a recent announcement by Dr. Vonnie B. Smith, program chairman. Both clinicians are general practitioners in private practice.

Dr. Barkley proved so popular at the Hinman Meeting last March that an extra session had to be scheduled. Dr. Hartley is a pioneer in the development of dentistry for the aerospace program.

Obituaries

Hugh M. May, 65, of Asheville, a member of the First District Dental Society, died March 8, 1969.

Isaac R. Self, 86, of Lincolnton, a life member of the First District Dental Society, the North Carolina Dental Society, and the American Dental Association, died May 15, 1969.

OFFICIAL GROUP DISABILITY INCOME PLAN

for

MEMBERS OF NORTH CAROLINA DENTAL SOCIETY

Since 1943

RENEWAL GUARANTEED TO AGE 70

Under Terms of Policy

This is the **ONLY** program of Disability Insurance sponsored and approved by the North Carolina Dental Society for the protection of its members against loss of professional time due to injury or sickness.

\$250.00 Weekly Income — (\$1080.00 Monthly) Tax Free

CHOICE OF TWO PLANS

Plan L-7

Plan L-7		Maximum Accident Benefits Lifetime		Maximum Sickness Benefits **7 Years or to age 65	
SEMI-ANNUAL RATES					
Weekly Benefits	Under 30	30 - 39	40 - 49	50 - 59	60 - 69
\$250.00	\$124.50	\$142.00	\$204.50	\$284.50	\$352.00
200.00	100.50	114.50	164.50	228.50	282.50
150.00	76.50	87.00	124.50	172.50	213.00
100.00	52.50	59.50	84.50	116.50	143.50

Plan L-65

Plan L-65		Maximum Accident Benefits Lifetime		Maximum Sickness Benefits To age 65	
SEMI-ANNUAL RATES					
Weekly Benefits	Under 30	30 - 39	40 - 49	50 - 59	60 - 69
\$250.00	\$154.50	\$177.00	\$242.00	\$324.50	\$352.00
200.00	124.50	142.50	194.50	260.50	282.50
150.00	94.50	108.00	147.00	196.50	213.00
100.00	64.50	73.50	99.50	132.50	143.50

Accident benefits commence with the first day of disability. Sickness benefits commence with the eighth day of disability or the first day of hospital confinement, whichever occurs first.

J. L. CRUMPTON, State Mgr.
J. SLADE CRUMPTON, Asst. Mgr.
Professional Group Disability Division
P. O. DRAWER 1767—DURHAM, N. C.

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CHARLOTTE, N. C.

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Please call collect for additional information: 919/682-5497

114th ANNUAL SESSION
NORTH CAROLINA DENTAL SOCIETY

Dr. Robert F. Barkley

Dr. Jack L. Hartley

MAY 10-13, 1970

The Carolina — Pinehurst, North Carolina

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LUXENE dentures fit better because they are lowest in moisture absorption and not subject to dimensional change. Seepage and discoloration are eliminated. There is no unpleasant odor.

LUXENE denture wearers are rarely faced with repair problems. LUXENE vinyl possesses extraordinary flexural and impact strength plus greater resistance to abrasion.

LUXENE denture wearers are pleased and confident patients.

One of our LUXENE processing laboratories will be glad to demonstrate the established superiority of LUXENE dentures.



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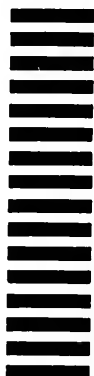
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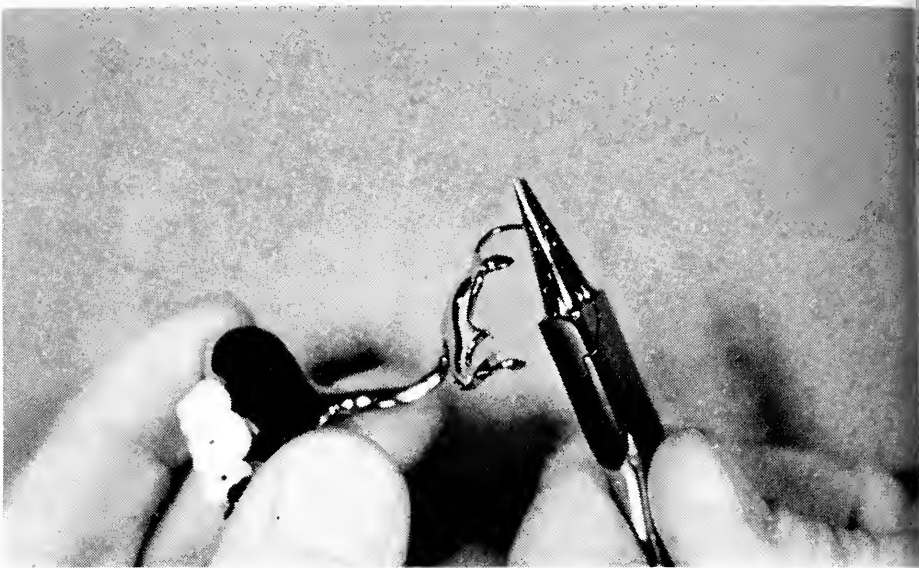
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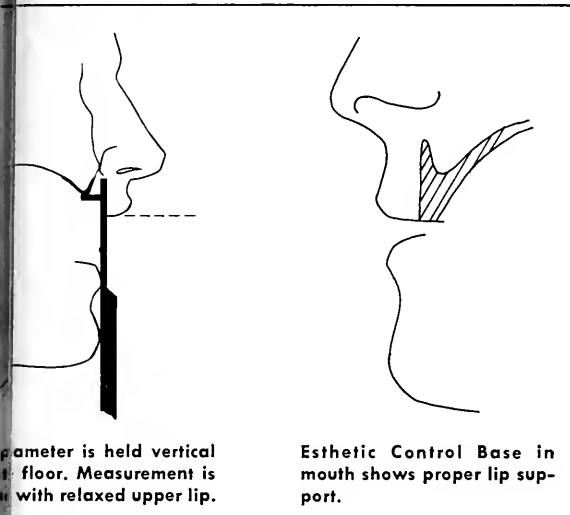
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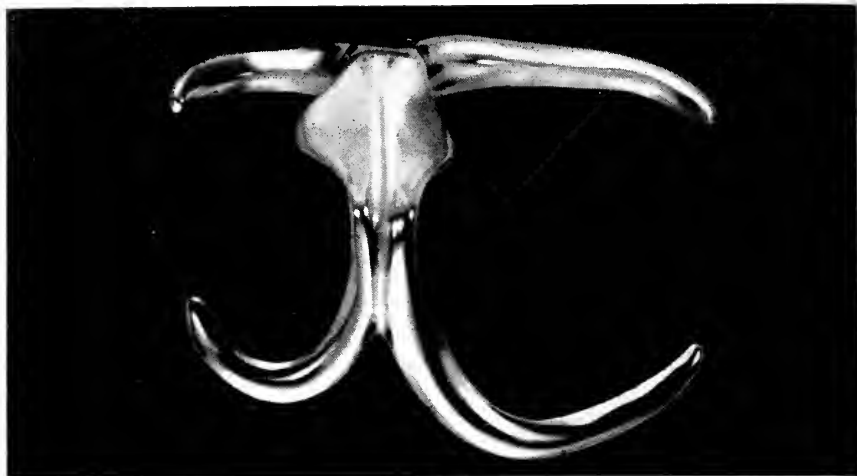
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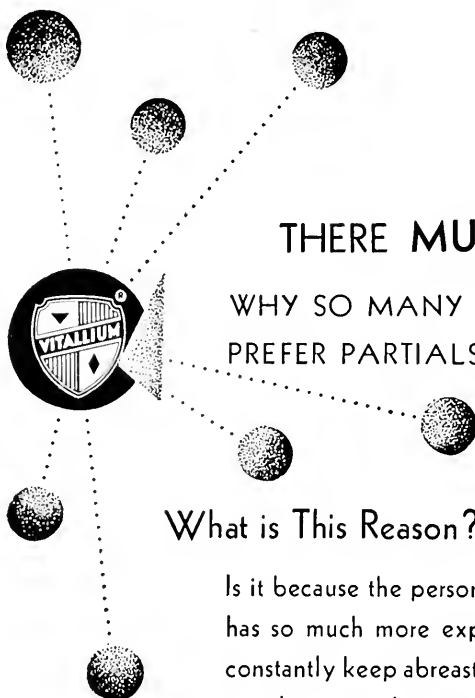
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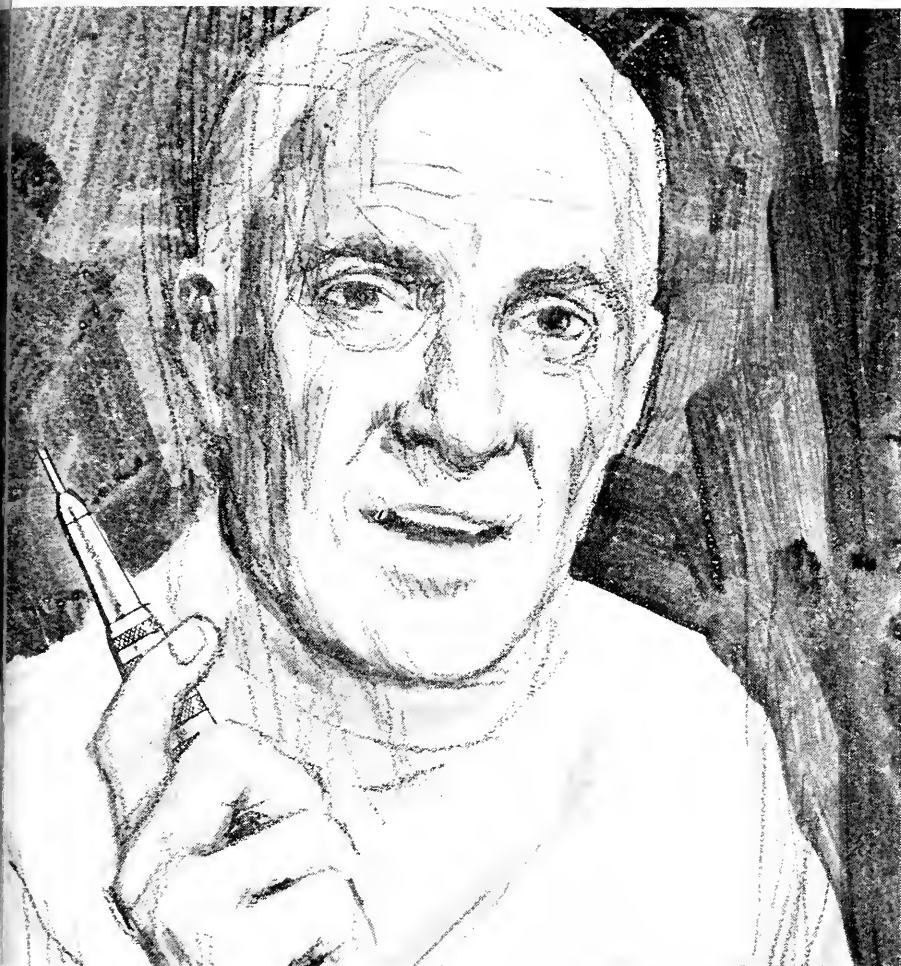
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Table of Contents

	Page
DEDICATION	7
 13th ANNUAL SESSION, MAY 11-14, 1969	
Report of the President.....	8
Report of the Secretary-Treasurer.....	14
Report of the Executive Secretary.....	21
Minutes of the Executive Committee.....	23
 Committee Reports	
Annual Session.....	52
Constitution and Bylaws.....	54
Dental Care Programs.....	58
Supplemental Report 1.....	58
Subcommittee on State Agencies.....	59
Subcommittee on Review.....	59
Blue Shield Subcommittee.....	61
Industrial Commission Subcommittee.....	62
Dental Education Committee.....	62
Subcommittee on Continuing Education.....	63
Subcommittee on Dental Assistants.....	64
Subcommittee on Dental Hygienists.....	65
Dental Health	65
Dental Laboratory Relations.....	68
Dental Practice Act.....	68
Subcommittee on Dental Hygiene.....	69
Subcommittee on Dental Laboratories and Dental Technicians	72
Subcommittee on Specialty Licensure.....	75
Subcommittee on General Dentistry.....	77
Supplemental Report 1.....	83
Subcommittee on Dental Assisting.....	84
Dental Service Corporation.....	85
Ethics	86
Federal Dental Service.....	86

	Pag
Hospital Dental Service.....	8
Insurance	8
Supplemental Report 1.....	8
Legislative	8
Membership	8
Public Relations	9
Relief	9
Rules and Order.....	9
State Planning for Dentistry.....	9
 Resolutions By Executive Committee	
Joint Advisory Committee on Dental Education.....	95
Honorary Memberships	96
Dues Increase	96
Report of Delegation to A.D.A.	97
 Report of Dental Subcommittee of North Carolina Regional Medical Program	100
Resolutions Adopted by 1969 House of Delegates	101
General Sessions	108
 DIRECTORY 1969-1970	
North Carolina Dental Society	
Officers	113
Standing Committees	114
Special Committees	115
State Presidents	116
 Officers of Allied Organizations	
North Carolina Dental Assistants Association.....	117
North Carolina Dental Auxiliary.....	117
North Carolina Dental Hygienists Association.....	117
North Carolina Dental Laboratory Association.....	117
North Carolina State Board of Dental Examiners.....	117

*n grateful appreciation
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Luther H. Butler, D.D.S.
Greensboro

Luther Butler is a native of Georgia. He graduated from Athens (Georgia) High School and entered Atlanta-Southern Dental College. Since he received his D.D.S. degree in 1926 he has been continuously engaged in the practice of dentistry with a special interest in Endodontics.

From 1956 to 1959 he served as secretary-treasurer of the North Carolina Dental Society. He was elected president-elect of the Society in 1959 and in 1960-61 assumed the office of president.

He held the offices of secretary-treasurer and president of the Guilford County Dental Society. From 1957-60 he was a member of the Executive Committee of the American Association of Endodontists and in 1967 he became a Diplomate of the Association.

A Fellow of the International College of Dentists, he has been active in civic and fraternal organizations in his community. He has been a member of the Kiwanis Club for 30 years. He is a Mason, a Shriner, and an Odd Fellow, and is a member of the First Baptist Church of Greensboro.

Report of the President

COLIN P. OSBORNE, JR.
Lumberton

Vice President Atwater, Dr. Klenda, Dr. Kellner, Members of the North Carolina Dental Society, Honored Guests, Visitors and Friends:

It is my humble pleasure to have this opportunity and use of a few minutes of this valuable evening. My secret wish is that when it has ended you will feel we both have been considerate of each other's time. No President can take these moments and justifiably cover all the details of a year's activity. By no stretch of the imagination do I propose to do better than my predecessors and the future will have to speak for itself. Please lend me your consideration so that I can rapidly bring forth a few major items that will please you this night.

Your Officers, Executive Committee and Committee Members have worked hard during 1968-1969 to provide the best solution for many thorny problems. These affect each of you in different ways and some are not obvious at this time. These questions are ones we spent many hours trying to resolve and pledged our unselfish devotion to their solution. There can be no doubt in anyone's mind that your chosen leaders have conscientiously reached the conclusions I will bring to you tonight.

Our liaison to the North Carolina State Welfare Board was such as to give you the best possible method of treating patients who otherwise would not receive dental care. By an intelligent exchange of needs for such a program, tailored to the availability of services, we were successful in starting an acceptable plan last October, 1968. It has given you an avenue for treatment coupled with financial reimbursement from a dependable source. The success of this plan is demonstrated by its universal acceptance by dentist and patient alike and the lack of major controversy on the part of all three parties—the two already mentioned and the Welfare Board.

You were in danger of losing major medical protection when the Insurance Company of North America decided to cancel its coverage of our membership. Our Insurance Committee has been extremely active during the past several years and they contacted the Blue Cross-Blue Shield group for consideration of such a policy. After much long-term discussion, this organization agreed to submit a group hospitalization, surgery and medical insurance program with extended benefits. You will recall that those of you who had previously held the original policy were contacted before October 15, 1968, so that your coverage would be carried on as before without an inconvenient interruption.

In addition to this improved major medical policy, the Commercial Insurance Company of Newark, New Jersey, administered by Mr. J. L. Crumpton and his associate Mr. J. Slade Crumpton, made its coverage

guaranteed renewable to age 70. Those of you under age 50 enjoyed a reduction in premium. We have experienced pleasant circumstances and prompt settlement of claims with this organization and its able leadership. Something new for many of you was begun in August, 1968 and later in the year and this one you have been contacted about by representatives of the Mutual of Omaha Insurance Company. They are presenting an office overhead expense policy that will absorb some of the shock from those days when you are kept out of the office because of circumstances beyond your control. This group coverage is dependent on a predetermined number of participants and you should consider its advantages so that we might reach the desired number during this charter enrollment period. Representatives are present for your convenience and will willingly answer all questions — no matter how foolish you may think they sound.

Since the Relief Committee has always been a close guardian of those funds, we are in good position to serve those in real need. You must respect the fact that many times money could be given under somewhat questionable circumstances. I am happy to report that our membership is in good fiscal condition and only one family has required financial assistance during the past year.

We ought to consider the advisability of a reciprocal agreement within small, homogenous areas where several members could bind themselves to aid a stricken fellow practitioner. There are many ways of doing this and each group might wish to consider its own plan. Surely, we are professional enough to overlook the normal competitive approach, especially when one of our kind is out of his office or an untimely death has occurred. With the normal pressure of today's dental office and the bleak outlook of future demands, we need to keep each man active as long as possible.

A truly happy note is in the progress of auxiliary training programs that have consistently improved during the past several years. Expansion of present facilities due to several factors is a reality and subsequent graduation of these students will provide a ready source of well-trained personnel.

The school at Durham Technical Institute is providing graduates that can move into dental laboratories and within a short time take full responsibility for their services. There are instances where these men have been able to start new, successful businesses within a few years following graduation. A new building program has made possible the doubling of class size beginning in September, 1969.

Liaison with the School of Dentistry in Chapel Hill has provided stature to the graduates and a better appreciation of problems facing dentist and laboratory personnel alike. Within two years, we ought to find a good number of qualified technicians who intelligently contribute better methods of restoring teeth.

As the quality of these new graduates improve, several things will take place. There are bound to be fewer make-over restorations; a willingness to frankly discuss imperfect impressions, tooth preparations and poor laboratory procedures will develop within the profession. Subsequent unnecessary loss of valuable dental chair time and remakes by the laboratories will result in more profitable techniques for both groups. These facts alone will make the long wait for a good technical program with strong professional support worth the time required for its development.

A really bright spot is the work that has been done this year to bring our laboratory personnel into a better understanding of the problems we face and to seek methods of helping them solve their own dilemma. You may not realize what a close and wonderful situation exists in North Carolina and how completely dependent the two organizations are on each other. No group enjoys this free exchange of each others responsibility or can claim a work force of this proportion for its exclusive use. A special group has joined those of us who have worked so hard the past several years to bring a concept for recognizing this situation. It now appears we will have good cooperation from the State Board of Dental Examiners, the North Carolina Dental Laboratory Association and the

Dental Practice Act Committee for a reasonable method of giving recognition and strength to an important part of the practice of dentistry. A proposed commission made up of laboratory personnel, a dentist and board members or their representatives will be further discussed during this meeting. I request your careful attention to an idea that has the potential of becoming a show case solution for the nation's problem between dental associations and dental laboratory organizations. Its great strength is recognition of factors that are harmful to both groups and causes the patient to be caught in the middle.

There exists much confusion within the Dental Society and the North Carolina Dental Laboratory Association concerning use of the term "Work Authorization" when applied to those procedures sent from the dental office to a dental laboratory. There is reason to suspect the use of "prescription" when a referral is made to this exchange for the latter denotes something that does not exist. I am convinced that ethical laboratories do not wish to deal with patients and would like to avoid all suggestion that tend in this direction. They resent any intrusion by the patient that destroys the relationship between themselves and dentists.

Among those auxiliary persons on whom the dentist is most dependent is the Dental Hygienist. She has adapted herself to the modern dental office in such a manner as to contribute greatly to its success. Modern techniques have evolved over the long period of her existence so that she stands ready to lend assistance in many procedures that are time consuming but do not necessarily require a dentist's attention. Fortunately you have been willing to sit on the side-lines while our new programs were gaining valuable experience, proper directors and teaching personnel were secured and good techniques for student selection were developed. This patience on your part is now being rewarded by making available a new, qualified graduate that requires a minimum of your time. She is being followed by a better selection because you are encouraging bright young ladies to consider this way of life.

Facilities at the School of Dentistry are being improved and the class size increased so that shortly we will have many additional graduates each year. They have improved the curriculum through suggested changes by their own leaders and the Council on Dental Education of the American Dental Association. These girls will be given opportunities to work with dental students before graduation to familiarize themselves with on-the-job experience.

A most important fact is the addition of the DATE programs at the University of North Carolina where hygienists can go for an additional two years training, graduate with a degree in Dental Hygiene and teach in many programs at our present community colleges and technical institutes. Called the Dental Auxiliary Teaching Education Program, it represents a first of its kind in the dental schools and offers a degree granting program for those persons who would like additional experience and training. The school will shortly offer one strong source of teachers heretofore unavailable to our different institutions at the community college level.

The fine programs for teaching dental assistants across our great State made this one of our most rewarding services. At U.N.C. in Chapel Hill; Central Piedmont Community College, Charlotte; Wayne Community College, Goldsboro; Guilford Technical Institute, Jamestown; Technical Institute of Alamance, Burlington, we have good, basic schools well managed and producing an acceptable graduate. Again, the quality of this product is being upgraded as the faculty recruitment and teaching facilities improve. Once again, we will need to exercise patience and understanding until our schools can graduate a quantity of students. The combined teaching institutions are now graduating over 100 assistants each year. Within a year this number will near the 200 mark.

At the present time, our State Board of Dental Examiners is seeking methods to allow these girls to legally do more tasks within the dental office and not violate the concept that has made North Carolina Dentistry above average. By working with legal advisors, the Dental Practice Act Committee, the Executive Committee and existing teaching facilities they

hope to arrive at a method of differentiation between on-the-job trained personnel and those educated in our schools. More of this tremendous responsibility must be assumed and will be obvious to you as this meeting (1969) progresses. Discussions to be heard the next three days will give you some idea of the great amount of time already spent in preparation of these reports.

A dental service corporation is becoming a reality today because of the support you have given during the past years. Over 400 members of the North Carolina Dental Society supplied an answer to requests for fees on selected services when it was mailed last fall. This data has been computerized and a suitable fee basis for each dental service will be reached so the organization can be considered a success. This is the real work and from now on it will be a matter of putting these factors in motion for approval by the Insurance Commission and the House of Delegates of the North Carolina Dental Society, and acceptance by its membership.

A program of prepaid dental insurance is now under way and should reach a select group of participants in the near future. Final agreements were reached during April, 1969, so the services could begin with a small nucleus of dentist and patients. After a trial period when early results can be evaluated, the use will be expanded and all of us can expect to be given an opportunity to participate.

This represents a real breakthrough for North Carolina because it is a result of understanding on the part of the Dental Care Programs Committee and the carrier, Blue Cross-Blue Shield. Much preparation has preceded the decision to be a part of this plan and objectionable factors were eliminated as much as possible before its acceptance.

In order to properly identify the desirable and undesirable requests and treatment of patients under these programs a Review Committee of 5 members appointed for terms (staggered) of 5 years has been established. It will be their duty to study any compromising circumstances from whatever source so all parties can settle their differences without needless turmoil. They will enjoy a final stand which makes for good, solid committee action.

A meeting to be held during this convention will hopefully produce encouraging results and these will become evident in the near future. The Federal Dental Service Committee expects the Veteran Administration to look with favor on a request to up-date those fees paid for this service. If this goes according to a predictable pattern, you can look for additional remuneration when treating these patients.

The recent ruling by our Attorney General made it necessary for the dental member of the State Welfare Board to resign. This is a regrettable loss to both groups for this dentist is respected by all concerned parties and a segment of our profession had received worthy consideration. Delay in an appointment will be exercised so that we can determine a suitable replacement if there is no reversal of the obtrusive decision from the Attorney General.

The dues increase reflected in your 1969 dues to the A.D.A. was a result of a successful campaign to defeat an unrealistic amount requested in their original proposal. As the costs of operations goes up, we need to be aware of the shortage that exists when a static amount of revenue is continued. Each one present tonight is fully cognizant of what this means in his own office or business. Therefore, it is not without factual evidence that we will shortly need to make such a consideration in our own organization.

An untimely death of a beloved lady, Mrs. A. M. Cunningham; increase in requested services of our central office by committees, from officers, A.D.A. delegates and districts; upspiralling of equipment and supplies and addition of badly needed personnel has created a sharp reduction in surplus funds this year. It is conceivable that our organization should protect its interest by considering a proposal to purchase the real estate presently used at the corner of Blount and Peace streets in Raleigh.

The North Carolina Delegation to the A.D.A. when it met in Miami last October, 1968, was successful in defeating a motion to postpone indefinitely a resolution passed by the North Carolina Dental Society

House of Delegates. This resolution stated that use of a statement credited to the A.D.A. on a booklet widely distributed by the National Confectioners Association and titled *How to Protect Dental Health While Enjoying Candy* was tantamount to endorsement by the A.D.A. Smart discussion and careful preparation of its argument beforehand made it possible to convince a majority present that this was true and the elimination of the statement would be in the best interest of our profession.

Two years ago, the Regional Medical Program was asked to endorse a research facility for study of six disease areas.

The Dental Subcommittee was appointed and became functional in 1967 when it was deemed that there was a general need and a role for dentistry in the management of patients with one of six categorical diseases; heart, stroke, cancer, renal, diabetes, and hemorrhagic disease. This committee submitted a grant application to the North Carolina Regional Medical Program requesting funds to support a continuing education program embracing comprehensive care for these patients. The application was approved and funded in May, 1968 and became operational in September, 1968.

The project entails an extensive continuing education program to be instituted in six pilot community hospitals in North Carolina. Courses will be instituted to provide the dentist with the most current information on the diagnosis, clinical management, and follow-up care for the general medical management of patients presenting any of these six diseases. Continuing education courses will be provided for the physician in order to stimulate his appreciation for attention to the problems of oral disease and courses will be offered to combined groups of physicians and dentists to deal with the specifics of cooperative patient management. Courses will also be provided in the community hospital to increase the number of dental practitioners in the community who are thoroughly familiar with the rules, regulations, and protocol of that hospital.

We must be patient to secure the best possible results. Strong leadership in the active program backed by good cooperation from the N.C.D.S. and the R.M.P. headquarters has given needed support to a new idea. Recently, a representative to the R.M.P. from the North Carolina Dental Society was appointed for a three year term so that coupled with an invitation previously extended to the President to attend their quarterly meetings proper liaison between the two organizations can continue.

Much interesting information on the proper handling of mentally retarded patients is being assimilated by the North Carolina Mental Retardation Program. There is good reason to believe this group will sponsor clinic type forms of instruction to interested dentists who wish to participate in this rewarding experience or now take these patients into their practices. These schools will be conducted throughout North Carolina based on demand and interest. We enjoy good liaison with this fine service through a member appointed to act for the North Carolina Dental Society. He has consistently been active at the meetings and commands their respect for his sincerity.

A Citizens Committee on Flouridation is studying needs for greater use of this desirable method of preventing the ravages of dental decay. They are using information gathered from many sources and we enjoy able representation from two of our members who have worked diligently during this past year. It would seem that our need for this program will confine itself more to large county school units and small communities. More than 70 per cent of our present population that can secure this help through communal water supplies is already receiving its benefits.

We in the North Carolina Dental Society are honored to have many members serving in positions of community responsibility or other areas of service to his fellowman. Especially are we proud of the work being done by the new President of the North Carolina Association of Professions, Dr. L. P. Megginson. He heads the group, made up of members from 6 organizations: dentists, architects, physicians, engineers, veterinarians and pharmacists.

A law now before the North Carolina Legislature is designed to give professional people an opportunity to incorporate their practices and

secure a tax shelter during their productive years. This would be a great step forward for most of us because it gives each one the opportunity to plan some method of strengthening his present as well as his future circumstances. Whatever help we need in this direction should be extended so that it becomes a reality during this session of our legislature.

We are honored to have so many important men and women in our presence this evening and extend each of you our warmest welcome. It is especially good to welcome into honorary membership in the North Carolina Dental Society Dr. Harry Klenda, Wichita, Kansas; Dr. Ralph Phillips, Indianapolis, Indiana; and Dr. Kermit Knudtson, Chapel Hill, North Carolina. It is our gain for these men to become honorary members of our state and we can look forward to their continued contribution to organized dentistry.

The State Planning Committee for dentistry has been active during 1968-69 with efforts to identify shortages, inequities or weak areas in our population and its effect on adequate dental coverage. This work has now been largely ended and a new activity begun in so called Phase II. This has been concerned with identifying needs of the profession of dentistry in North Carolina and all the dental resources within the State. Compiling these reports from many subcommittees, has not been easy but the tasks have been rewarding as it provided something really concrete for the first time. Many important decisions will be based on what these results make available to this committee.

Resolutions

This report is informational in nature and no resolutions are presented.



Speaker Ralph D. Coffey Presiding Over the 1969 House of Delegates

Report of the Secretary- Treasurer

JOSEPH M. JOHNSON
Laurinburg

NORTH CAROLINA DENTAL SOCIETY AUDIT FOR FISCAL YEAR ENDED MAY 31, 1969

The Officers and Directors
North Carolina Dental Society

We have examined the balance sheets and related statements of receipt and disbursements for the General Fund, Relief Fund and Development Fund, together with supporting schedules, of the North Carolina Dental Society for the year ended May 31, 1969. Our examination was made in accordance with generally accepted auditing standards applicable to accounts maintained on the cash basis and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

Inasmuch as the records are maintained on the cash basis of accounting income earned but not received and liabilities incurred but not paid, if any, are not reflected in the accompanying financial statements.

In our opinion, the accompanying financial statements present fairly the financial position of the North Carolina Dental Society at May 31, 1969 and the results of its cash transactions for the year then ended, on a basis consistent with that of the preceding year.

LYNCH, McMILLAN AND ROBERTSON

June 17, 1969

INDEX

General Fund:

Exhibit A	Balance Sheet
Exhibit B	Analysis of Changes in Surplus
Exhibit C	Statement of Cash Receipts and Disbursements

Relief Fund:

Exhibit D	Balance Sheet
Exhibit E	Statement of Cash Receipts and Disbursements

Development Funds:

Exhibit F	Balance Sheet
Exhibit G	Statement of Cash Receipts and Disbursements

Capital Fund:

Exhibit H	Balance Sheet
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General:

Exhibit I	Combined Balance Sheet
Schedule 1	1969 Annual Session Expenses

EXHIBIT A

GENERAL FUND

BALANCE SHEET—MAY 31, 1969

ASSETS

Cash:

Checking account—First Citizens Bank &
Trust Co., Raleigh, North Carolina.....\$ 8,446.08

Savings accounts:

North Carolina National Bank,
Raleigh, North Carolina.....\$ 8,352.74
First Citizens Bank & Trust Co.,
Raleigh, North Carolina.....2,796.23
Raleigh Savings & Loan Association,
Raleigh, North Carolina.....11,373.21
First Federal Savings & Loan Association,
Durham, North Carolina.....11,193.05
Wachovia Bank & Trust Co.,
Raleigh, North Carolina.....10,125.00 43,840.23

Total\$ 52,286.31

SURPLUS

Appropriated:

Reserve for Library and History Committee.....\$ 1,600.00
Reserve for Dental Service Corporation
Committee\$ 5,000.00
Less expended to date.....1,730.53 3,269.47 \$ 4,869.47

Unappropriated:

Balance—May 31, 1968.....\$ 46,399.49
Add revenue receipts in excess of expense
disbursements—Exhibit B.....1,017.35 47,416.84

Total\$ 52,286.31

EXHIBIT B

GENERAL FUND

ANALYSIS OF CHANGES IN SURPLUS FOR THE YEAR ENDED

MAY 31, 1969

Revenue receipts:

Total receipts—Exhibit C.....\$149,974.00

Less:

Cost of matured bonds.....\$ 1,206.00
Transfer of funds.....5,000.00 6,206.00

Net revenue receipts.....\$143,768.00

Expense disbursements:

Total disbursements—Exhibit C.....\$156,554.90

Less—non-expense disbursements:

Re-invested interest and
dividends\$ 1,465.19
Transfer of funds.....12,000.00

Reserve fund disbursements:

Dental Service Corporation
Committee339.06 13,804.25 142,750.65

Revenue receipts in excess of expense disbursements—

Exhibit A\$ 1,017.35

GENERAL FUND

STATEMENT OF CASH RECEIPTS AND DISBURSEMENTS FOR THE
YEAR ENDED MAY 31, 1969

Receipts:

Dues and penalties.....	\$123,284.50	
Annual session	12,012.50	
Journal	5,776.74	
Expense reimbursements	696.82	
Savings account interest and dividends.....	1,465.19	
Insurance dividend and rebate.....	18.00	
Matured bonds	1,675.00	
Transfer of funds.....	5,000.00	
Sales—formularies and histories.....	45.25	
Total receipts		\$149,974.00

Disbursements:

Dues and penalties remitted:		
American Dental Association....	\$ 66,824.50	
A. D. A. Relief Fund.....	1,391.00	
First District	2,495.00	
Second District	3,115.00	
Third District	2,910.00	
Fourth District	1,975.00	
Fifth District	1,832.00	
Refunds	68.00	
N. C. D. S. Relief Fund.....	10.00	80,620.50

Administrative expenses:

Salaries and payroll taxes.....	\$ 25,317.30	
Office rent	4,463.40	
Office supplies	909.00	
Office machine maintenance....	304.42	
Telephone	1,218.41	
Postage	864.15	
Travel—executive secretary and staff	1,721.00	
Insurance	232.00	
City and county taxes.....	109.30	
News clipping service.....	170.00	
Hospital insurance— employees	50.22	
Miscellaneous	54.78	35,413.98

Publications:

Journal	\$ 7,248.66	
Newsletter	428.49	
Directory	128.75	7,805.90

Committees and conferences:

Dental Practice Act.....	\$ 2,604.54	
Legislative	1,089.71	
Dental Care Programs.....	14.05	
Dental Health	100.00	
Reimbursement of officers and delegates	3,658.97	
District Officers' conference....	166.80	7,634.07

Other:

Annual session—Schedule 1.....	\$ 9,510.97	
Legal counsel	579.18	
Dental Foundation of North Carolina, Inc.	120.00	
American Fund for Dental Education	100.00	
Fifth trustee district.....	120.00	
National Association of Dental Service Plans.....	150.00	
North Carolina Association of Professions	200.00	
American Association of Dental Editors	52.50	
Audit	325.00	
Addressing service	74.80	
Miscellaneous	43.75	\$ 11,276.20

Non-expense disbursements:

Transfer of funds	\$ 12,000.00	
Dental Service Corporation Committee	339.06	
Reinvested interest and dividends	1,465.19	13,804.25

Total disbursements\$156,554.90

Excess of disbursements over receipts..... (6,580.90)

Bank balance—May 31, 1968..... 15,026.98

Bank balance —May 31, 1969—Exhibit A.....\$ 8,446.08

EXHIBIT D**RELIEF FUND****BALANCE SHEET—MAY 31, 1969****ASSETS****Cash:**

Checking account—North Carolina National
Bank, Raleigh, North Carolina—Exhibit E.....\$ 524.69

Savings accounts:

First Federal Savings and Loan Association, Durham, North Carolina.....	\$ 10,792.03	
First Union National Bank, Raleigh, North Carolina.....	6,454.15	
First Union National Bank, Raleigh, North Carolina.....	2,251.14	
First Citizens Bank and Trust Co., Raleigh, North Carolina.....	8,766.94	
First Citizens Bank and Trust Co., Raleigh, North Carolina.....	5,000.00	
North Carolina National Bank, Raleigh, North Carolina.....	9,083.55	
North Carolina National Bank, Raleigh, North Carolina.....	2,500.00	
Wachovia Bank and Trust Co., Raleigh, North Carolina.....	5,189.85	50,037.66

Total\$ 50,562.35

SURPLUS

Balance—May 31, 1968.....			\$ 47,638.39
Excess of receipts over disbursements—Exhibit E.....			347.55
Total			<u>\$ 47,985.94</u>
Add: Transfer to savings account..	\$ 7,000.00		
Reinvested interest and dividends	1,956.41	\$ 8,956.41	
Less: Cost of matured bonds.....	\$ 1,080.00		
Transfer from savings to checking account	5,300.00	6,380.00	2,576.41
Total			<u><u>\$ 50,562.35</u></u>

EXHIBIT E

RELIEF FUND

STATEMENT OF CASH RECEIPTS AND DISBURSEMENTS FOR THE
YEAR ENDED MAY 31, 1969

Receipts:

A. D. A. Relief Fund.....	\$ 1,526.25
Savings account interest and dividends.....	2,081.41
Matured bonds	1,500.00
Transfer of funds.....	5,300.00
Other	10.77

Total receipts\$ 10,418.43

Disbursements:

Relief grants to A. D. A.....	\$ 1,100.00
Reinvested interest and dividends.....	1,956.41
Transfer of funds.....	7,000.00
Other	14.47

Total disbursements 10,070.88

Excess of receipts over disbursements.....\$ 347.55

Bank balance—May 31, 1968..... 177.14

Bank balance—May 31, 1969.....\$ 524.69

EXHIBIT F

DEVELOPMENT FUND
BALANCE SHEET—MAY 31, 1969
ASSETS

Cash:

Checking account—First Union National Bank, Raleigh, North Carolina.....	\$ 713.20
Savings account—First Federal Savings and Loan Association, Durham, North Carolina..	2,116.34

Total\$ 2,829.54

SURPLUS

Reserve for permanent improvements:

Balance—May 31, 1968.....	\$ 4,192.04
Less: Excess of expense disbursements over revenue receipts:	
Transfer of funds.....	\$ 2,000.00

Less: Reinvested interest.....\$	180.13			
Excess receipts over disbursements—				
Exhibit G	457.37	\$	637.50	\$ 1,362.50
Total				<u>\$ 2,829.54</u>

EXHIBIT G

DEVELOPMENT FUND

STATEMENT OF CASH RECEIPTS AND DISBURSEMENTS FOR THE
YEAR ENDED MAY 31, 1969

Receipts:

Transfer from savings account.....\$	2,000.00
Income from sale of equipment.....	75.00
Interest	180.13
Other34

Total receipts\$ 2,255.47

Disbursements:

Furniture and equipment.....\$	1,575.64
Reinvested interest	180.13
Other	42.33

Total disbursements 1,798.10

Excess of receipts over disbursements.....\$ 457.37

Bank balance, May 31, 1968..... 255.83

Bank balance, May 31, 1969.....\$ 713.20

EXHIBIT H

CAPITAL FUND

BALANCE SHEET—MAY 31, 1969

ASSETS

Furniture and equipment at cost.....\$ 12,478.07

SURPLUS

Invested in fixed assets:

Balance—May 31, 1968.....\$ 11,718.07

Additions:

1 camera, Yashica, and accessories.....\$	72.10	
1 Nyematic dictating system.....	1,383.03	
1 walnut bookcase	84.46	
1 secretarial rack for modular unit.....	36.05	1,575.64

Balance

Less equipment disposed of during the year:

1 camera, 445, Crown Graphic, and accessories	\$ 310.42	
1 Gray Audograph dictating system.....	375.00	
1 copier "107", 3 M.....	130.22	815.64

Total\$ 12,478.07

EXHIBIT I

ALL FUNDS

COMBINED BALANCE SHEET, MAY 31, 1969

ASSETS

Cash:

Checking accounts\$ 9,683.97

Savings accounts	\$ 95,994.23	\$105,678.20
Office furniture and equipment at cost.....		12,478.07
Total		<u>\$118,156.27</u>

SURPLUS**Appropriated:**

General fund	\$ 4,869.47	
Development fund	2,829.54	\$ 7,699.01

Invested in fixed assets:

Capital fund		12,478.07
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Unappropriated:

General fund	\$ 47,416.84	
Relief fund	50,562.35	97,979.19

Total		<u>\$118,156.27</u>
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SCHEDULE 1**GENERAL FUND****SCHEDULE OF 1969 ANNUAL SESSION EXPENSES****Arrangements Committee:**

Stenotypist	\$ 950.00	
Postage	125.00	
Registration	444.34	
Presentation	25.22	
Transportation of equipment.....	132.75	
Printing	437.27	
Signs	109.18	
Staff lodging and meals.....	594.47	
Coffee breaks	173.39	
Telegrams	2.02	
Projection equipment rental.....	36.00	
Special services	137.90	\$ 3,167.54

Exhibit Committee:

Door prizes	\$ 347.30	
Refunds	332.50	
Printing	23.18	
Social hour	248.36	
Exhibit space	600.00	
Decorator	867.00	
Special services	20.00	2,438.34

Entertainment Committee:

Banquet	\$ 87.48	
Reception	372.05	
Dance	300.00	
Lawn party	348.50	
Entertainment	300.00	1,408.03

Neurology Committee	11.59	
Program Committee	1,853.20	
Publicity Committee	279.88	
Clinic Committee	118.42	
House of delegates	233.97	

Total		<u>\$ 9,510.97</u>
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Report of the Executive Secretary

ANDREW M. CUNNINGHAM
Raleigh

This has been an eventful year. As required by Article XV, Section 8 of the *Bylaws* I am submitting my fourteenth annual report as your Executive Secretary. I shall not attempt to cover the details of all that has been done in your behalf. I shall simply comment on some of the high spots.

The Blue Book, the most voluminous in several years, is proof that our officers and committees have been extremely active. As a result the House of Delegates has a heavy workload and will consider over 60 reports and resolutions. The Central Office has made very effort to furnish adequate administrative support in the preparation of these reports.

Annual Session. I am pleased to report that prospects for a record attendance at the 113th Annual Session are good. By mid April, The Carolina was booked to capacity, this is the first time this has happened in many years. Two factors contributed to this situation. First, a golf tournament will be in progress in this area which has filled all motels and hotels in the area all the way to Sanford. Second, The Carolina is now completely air-conditioned. No doubt members who previously stayed in motels, elected to take advantage of the air-cooled comfort and convenience of the headquarters hotel.

By next year, The Carolina plans to add a swimming pool to its facilities. This will attract many more members. A hotel rates conventions a head-count. If a convention fills the hotel, then many priorities are recorded that convention. If we continue to fill The Carolina, then we will be in a much more favorable position in making arrangements for future conventions.

Central Office. This has been a difficult year for us from an administrative standpoint. The Central Office lost two employees with many years of valuable experience.

Because of the illness of her mother, Miss Mira Riddle resigned October 31, 1968 to return to Morganton. Mira had served as Central Office Secretary since 1955.

Mrs. Dorothy F. Cunningham died suddenly on December 18, 1968. Dorothy had served as a part-time employee since 1955.

We have been fortunate, however, in finding and employing two young ladies who have capably assumed their assigned duties.

In the middle of October, 1968, Mrs. Kathryn Montague joined the staff as my secretary. She also is responsible for maintaining the financial records.

Early in February, Miss Faye E. Kiser was employed as membership records secretary.

Both Mrs. Montague and Miss Kiser are welcome additions to the staff and we are confident they will provide competent service to the Society as they gain experience. We are glad to have them.

Membership. North Carolina will be entitled to seven seats in the ADA

House of Delegates when it convenes in New York next October. Since 1954 North Carolina has had six delegates.

The House is limited to 417 delegates. Sixty are allocated without regard to membership. Each of the 55 constituent societies and the 5 federal services are entitled to one delegate regardless of how many members they have. The remaining 357 delegates are allocated to the 5 constituent societies "proportionately to their number of active and life members." This system of allocation of delegates is similar to that of the House of Representatives of the U. S. Congress.

The additional delegate was given to North Carolina on the basis of its membership at the end of 1968. However, it should be noted that since December 31, 1968, the Society has lost 9 members. Six members have resigned and 3 have died, leaving a membership total of 1,421 on April 1, 1969. This is 9 less than the total membership of 1,430 at the end of 1968. Of this number there are 25 delinquent members.

Unless a vigorous effort is made to recruit new members, reinstate members who have left the Society for one reason or another, and collect dues from delinquent members, North Carolina could lose the extra delegate in 1970.

This situation is further complicated by the low percentage of UNC graduates who are entering private practice upon graduation. In 1968 out of 47 UNC graduates only 8 entered private practice. The majority of the remaining 39 went into the armed forces to complete their military obligation and a few elected to further their education in graduate school. From all reports the same pattern may occur among the 1969 graduates.

District Constitution and Bylaws. The district constitution and bylaw of the districts have not had a major revision since 1960. I am recommending that the District Officers Conference undertake this project. I understand the Third District is considering revising their *Constitution and Bylaws*. It would be advisable for all districts to work together in such an undertaking to maintain uniformity. The District Officers Conference is the logical forum for such a project.

Publications. It is the responsibility of the Executive Secretary to assist in editing, publishing and managing the business affairs of all publications of the Society. As THE JOURNAL has become more sophisticated in content and format, this responsibility has required an unprecedented amount of time which could be better spent in other areas.

Early in 1969 Mr. Toby Druin, associate editor of *The Biblical Recorder* was employed on a part-time basis to relieve the Executive Secretary in the editing and publishing of THE JOURNAL. As Mr. Druin becomes better acquainted with our publication he will take over completely the editing and publishing of THE JOURNAL, and my responsibility will be limited to managing its business affairs. Mr. Druin is experienced in the publication field and the Society is fortunate in gaining his services.

A Personal Word. Let me take this opportunity to thank the many dentists and friends of dentistry for their countless expressions of sympathy in so many ways on the death of Mrs. Cunningham. They were a source of real inspiration to me as I tried to adjust to my personal loss. Dorothy had a host of friends in the profession whom she loved and who loved her.

Until the day before she died, she capably served the Society as a member of the Central Office staff with a happy enthusiasm which was contagious. Because of her personal interest, in her work, she rendered countless services which will probably never get done again.

Especially am I grateful to those who contributed to the Dental Foundation of North Carolina, Inc., and established the Dorothy F. Cunningham Memorial Fund. It is a fitting tribute to a lovely lady and one which I am confident she would appreciate. My personal thanks to all of you.

Minutes of Executive Committee

FRANK G. ATWATER
Chairman
Greensboro

MAY 8, 1968
AUGUST 3, 1968
AUGUST 25, 1968
DECEMBER 6, 1968
DECEMBER 7, 1968
FEBRUARY 7, 1969
FEBRUARY 8, 1969
MAY 11, 1969

PINEHURST, NORTH CAROLINA May 8, 1968

Call to Order: The Executive Committee convened in the North Room of the Carolina in Pinehurst at the close of the 112th Session of the Society on Wednesday, May 8. President Osborne called the meeting to order. Dr. Atwater led in prayer.

Roll Call: Committee members present: Drs. Colin P. Osborne, Jr., Frank G. Atwater, C. W. Poindexter, Joseph M. Johnson, Lackey B. Peeler, James H. Lee and George F. Kirkland, Jr.
Staff members present: Andrew M. Cunningham, Executive Secretary and Miss Mira Riddle, Central Office Secretary.

Introduction of New Members: Dr. Osborne noted that Dr. C. W. Poindexter had been elected president-elect and Dr. Frank G. Atwater had been elected vice president and were rejoining the committee in these capacities.

He announced with regret that Dr. L. D. Herring, newly-elected secretary-treasurer was unable to be present because of illness.

He announced the appointment of Dr. Joseph M. Johnson as a new member of the committee for a term of 3 years and chairman for 1968-69. He announced the appointment of Dr. James H. Lee to the committee for a term of 2 years, to replace Dr. Atwater who had been elected vice president.

Dr. Johnson assumed the chair and presided for the rest of the meeting.

Acting Secretary-Treasurer Appointed: It was noted that Dr. Herring could not be able to immediately assume the full duties of secretary-treasurer because of illness. Dr. Osborne moved that Dr. C. W. Poindexter be appointed acting secretary-treasurer and be authorized to sign all checks and drafts on Society accounts in the interim. Dr. Atwater seconded the motion and it was carried.

Editor-Publisher: Dr. Peeler moved that Dr. A. Breece Breland be re-appointed editor-publisher for 1968-69. Dr. Lee seconded the motion and it was carried.

Executive Secretary: Dr. Poindexter moved that Mr. Andrew M. Cunningham be re-appointed executive secretary for 1968-69. Dr. Lee seconded

the motion and it was carried. It was noted that he would be compensated according to the schedule of payment adopted by the 1966 House of Delegates.

Secretaries Management Conference: Dr. Atwater moved that the secretary-treasurer represent the Society at the State Secretaries Management Conference at the ADA headquarters in Chicago June 3-5, 1968, and in the event he cannot attend, the president will designate an appropriate representative. Dr. Lee seconded the motion and it was carried.

Dr. Atwater moved that the executive secretary be authorized to attend the State Secretaries Management Conference in Chicago June 3-5, 1968. Dr. Lee seconded the motion and it was carried.

1970 Annual Session: It was noted that the Society in general session on May 6 voted to hold the 114th Annual Session in Pinehurst May 10-13, 1970.

Dr. Poindexter moved that these dates be confirmed with The Carolina Club. Dr. Osborne seconded the motion and it was carried.

Budget Committee: Dr. Osborne announced the appointment of the following to the Budget Committee: Dr. Herring, chairman; Dr. Poindexter and Dr. Atwater. He requested that the Budget Committee submit its report at the next meeting of the Executive Committee.

President's Comments: Dr. Osborne announced the appointment of Dr. Fred G. Hasty as general chairman 1969 Annual Session and Dr. J. Harry Spillman as chairman of the Program Committee.

He also announced that the clinicians for the 1969 Annual Session would be: Dr. Ralph W. Phillips of Indianapolis, Indiana; Dr. William W. Dolan of Coral Gables, Florida; and Dr. Galen W. Quinn of Duke University Medical Center.

He suggested that the Executive Committee consider installing a Wide Area Telephone Service (WATS) in the Central Office. Mr. Cunningham was requested to investigate the cost of the service and report to the Executive Committee at its next meeting.

Travel Program: A proposal for a vacation travel package for members of the Society was received from American International Travel Service of Boston. It will be placed on the agenda of the next meeting for consideration.

Future Meetings: Dr. Osborne suggested that the Executive Committee meet next at Holly Inn in Pinehurst on August 3. Dr. Poindexter moved that the next meeting be held at 3:00 p.m. on Saturday, August 3 at the Holly Inn, provided satisfactory arrangements can be made with the hotel. Dr. Osborne seconded the motion and it was carried.

If a Fall meeting is necessary, it was agreed that the committee would meet in Raleigh on Sunday, October 13 at 9:30 a.m., during the annual session of the Fourth District.

It was noted that the annual District Officers Conference was scheduled for December 7-8 in Raleigh, and a meeting could be held during this weekend should pending business require it.

The customary joint session of the Executive and Annual Session Committees will be held Sunday morning, January 12 at The Carolina Club in Pinehurst. The Executive Committee will meet Saturday evening, January 11 in Pinehurst.

Adjournment: There being no further business, the meeting was adjourned on motion by Dr. Atwater, seconded by Dr. Lee.

C. W. POINDEXTER, D.D.
President-Elect
(Acting Secretary-Treasurer)

PINEHURST, NORTH CAROLINA

August 3, 1968

Call to Order: The Executive Committee convened Saturday, August 3, 1968 at Holly Inn, Pinehurst. Dr. Joseph M. Johnson, chairman, called the meeting to order at 2:30 p.m.

A moment of silence was observed in memory of Dr. L. D. Herring, secretary-treasurer, who died May 14, 1968, followed by a prayer by Dr. Johnson.

Roll Call: Committee members present were: Drs. Joseph M. Johnson, Colin P. Osborne, Jr., James H. Lee, C. W. Poindexter, George F. Kirkland, Jr., and Frank G. Atwater.

Staff members present were: Andrew M. Cunningham and Miss Miriam Middle.

Others present were: Dr. Roy L. Lindahl, chairman, Dental Service Corporation Committee.

Approval of Minutes: On motion by Dr. Osborne, seconded by Dr. Poindexter, the minutes of May 5, 1968 and May 8, 1968 were approved.

Dental Service Corporation: Dr. Roy L. Lindahl, chairman, Dental Service Corporation Committee, presented a progress report. He stated that within the next few days every member would be sent a confidential fee listing form to be completed and returned by August 19, indicating the usual, customary and reasonable fee for services performed. He said this information was needed to develop sample contracts for presentation to the Commissioner of Insurance.

He said the Committee hoped to activate the North Carolina Dental Service Corporation by October 1, 1968.

He noted that the Council on Dental Care Programs had urged constituent societies to establish dental service corporations.

The report was received for information with the suggestion that duplicate copies of the confidential fee listing form be sent to the dentists, so that they could retain a copy for their files.

Audit 1967-68: Dr. Poindexter moved that the audit of Society funds for the fiscal year 1967-68 prepared by Lynch and McMillan, certified public accountants, be approved. Seconded by Dr. Kirkland. Motion carried.

It was noted that the surplus in the General Fund for 1967-68 was \$5,287.47 and that the unappropriated reserve funds totaled \$46,399.49.

Financial Report: Dr. Poindexter moved that the secretary-treasurer's report of July 31, 1968 be received for information. Seconded by Dr. Atwater. Motion carried.

Election of Secretary-Treasurer: The chairman called for nominations for the office of secretary-treasurer to fill the unexpired term of Dr. L. D. Herring, who died May 14, 1968.

He noted that the *Constitution and Bylaws* did not specifically provide for filling of vacancies in any of the elected offices of the Society. He then read an opinion on the matter submitted by Mr. R. C. Cowson, Jr., legal counsel, in a letter to the executive secretary dated May 17, 1968. It stated in part:

"Article II, Section 1 of the *Bylaws* provides that the Executive Committee shall have general supervision of the affairs of the Society when the House of Delegates is not in session. In my opinion, the powers granted to the Executive Committee in this section include the power to fill vacancies in the elected offices of the Society for the balance of their unexpired term. Thus, I am of the opinion that the Executive Committee has both the power and the duty to elect a member of the Society secretary-treasurer to fill out the unexpired term of Dr. Herring. The

Executive Committee would have the right to choose any member of the Society who would be eligible for election."

President Osborne informed the Committee that he had requested the Fourth District to suggest candidates for the office for consideration by the Committee. He read a letter from Dr. Robert T. Byrd, chairman Fourth District Nominating Committee, listing three candidates for consideration as nominees. President Osborne asked the Committee to consider these three candidates in making nominations.

Dr. Kirkland nominated Dr. Joseph M. Johnson as secretary-treasurer to fill the unexpired term of Dr. L. D. Herring.

Dr. Johnson excused himself and retired from the meeting. President Osborne assumed the chair.

There being no further nominations, Dr. Johnson was elected by acclamation, on motion by Dr. Atwater, seconded by Dr. Kirkland.

Dr. Johnson returned to the meeting. He thanked the Committee for the confidence placed in him by electing him secretary-treasurer, offered his resignation as chairman of the Executive Committee and accepted the new post. President Osborne formally installed him as secretary-treasurer.

Executive Committee Appointments: President Osborne announced the following appointments to the Executive Committee:

Dr. James H. Lee, chairman, to succeed Dr. Johnson.

Dr. C. Z. Candler, member for a term of three years, to fill the vacancy created by the election of Dr. Johnson as secretary-treasurer.

Dr. Lee assumed the chair.

Budget for 1968-69: The report of the Budget Committee was presented by Dr. Poindexter, chairman. Other members of the Committee were Drs. Atwater and Johnson.

The Committee submitted a budget of \$61,344, including the following items:

(1) An increase of 6.5 per cent in the Executive Secretary's salary over the salary paid him in 1966-67. The 1966 House of Delegates pegged the Executive Secretary's salary to the Consumer Price Index of June 1, 1966. At the end of May, 1966 the index was 112.9. At the end of May 1968 the index was 120.3, an increase of 6.5 per cent.

(2) An increase in salaries and payroll taxes to add a full time clerk-typist-receptionist to the Central Office staff.

(3) An appropriation to the Editor-Publisher of \$350 to cover out-of-pocket expenses.

(4) An appropriation of \$500 to cover the expense of a headquarters suite at the ADA meeting in Miami Beach, October 28-31, 1968.

(5) An appropriation of \$9,000 to the Annual Session Committee, including \$1,840 to the Program Committee.

It was noted that this was a "hold the line" budget and no new programs or expanded services were recommended and that the contingent fund was approximately 2 per cent of anticipated revenue. The Committee stated that it is highly probable that because of inflation, it might not be possible to come up with a balanced budget in 1969-70 unless more revenue is made available.

The Committee also noted that 700 square feet of space now occupied in the Central Office building by the N. C. Association for the Blind may be vacated in the near future. If the Society decides to exercise its option of acquiring this space it will cost approximately \$2,450.

Dr. Poindexter moved that the 1968-69 Budget proposed by the Budget Committee be approved. Seconded by Dr. Johnson. Motion carried. A copy is attached to these minutes.

Dental Care Programs Committee: Mr. Cunningham reported that in accordance with Executive Committee's action on January 6, 1968 efforts had been made to expand the dental care program for welfare recipients to include all procedures listed on the State Agencies Dental Fee Schedule adopted October 1, 1967. On April 26, 1968 the Board of

Welfare approved the full program but on May 24, 1968 the Advisory Budget Commission disapproved the proposal.

On July 10, 1968 Dr. Walter H. Finch, Jr., chairman, Sub-committee on State Agencies, the president, and the executive secretary met with the Board of Welfare to re-consider the matter. The Board advised that the Budget Commission might possibly approve expanding the dental care program for welfare recipients to include diagnostic services (except diagnostic models), periodontal services, and prosthetic services, including full and partial dentures. The program would then include all services listed on the State Agencies Dental Fee Schedule except diagnostic models, endodontics, gold crowns, and preventive services.

Subsequently, the Board recommended to the Budget Commission that dental care for welfare recipients be expanded with these limitations: an estimated cost of \$1.5 million annually based on 40 per cent participation. The Board advised the Commission that funds were available for this program and no new money would have to be appropriated. The Commission subsequently approved the recommendation of the Board and the additional services will be made available to welfare recipients effective October 1, 1968. However, the Commission stipulated that the dental care program be limited to money payment recipients only. This will eliminate the medically indigent from the program.

The report was received for information with the comment that the program would not provide adequate comprehensive dental care for welfare recipients.

Insurance Committee: In a report submitted to the Executive Committee, Dr. J. S. D. Nelson, chairman, Insurance Committee stated that:

(1) The group major medical insurance program underwritten by the Insurance Company of North America will be terminated October 1, 1968, the anniversary date of the policy because of excessive loss ratio over the past several years. The Committee is endeavoring to provide coverage to replace this program by the terminal date.

(2) Effective with the next anniversary date in December, 1968, the group disability insurance plan underwritten by Commercial Insurance Company of Newark, N. J., and administered by J. L. Crumpton of Durham will become guaranteed renewable to age 70. Also, premiums will be reduced for members under age 50.

(3) Promotional literature on the Group office overhead insurance plan underwritten by Mutual of Omaha is expected to be mailed to the membership about the middle of August.

(4) A proposal for a group \$1 million umbrella policy to provide casualty coverage over and above that of regular policies will be studied by the Insurance Committee.

Relief Committee: Mr. Cunningham reported that the recipient of a relief grant in the Fourth District had died and currently no dentist in the State was receiving aid from the Relief Fund. He stated that the financial circumstances of the widow would be investigated to determine she were in need of financial assistance from the Relief Fund.

He reported also that an investigation was underway in the Second District to determine if a member was in need of and eligible for a relief grant.

Reports on Conferences: Dr. Joseph M. Johnson presented a report on the 19th State Secretaries Management Conference June 3-5 at ADA Headquarters in Chicago. Dr. Johnson and the executive secretary represented the Society at the Conference.

In his report, Dr. Johnson recommended that in the future consideration be given to:

(1) The immediate past president serving as president of the District Officers Conference.

(2) Holding District meetings more than once annually.

(3) Changing the terms of office of District officers and committees to

correspond more directly to that of State officers and committees to provide more continuity and better communication.

(4) Holding a meeting annually or semi-annually of executive officers of neighboring states to discuss mutual problems, the host state being rotated each year.

(5) Providing funds for entertaining officials of other constituent societies at the State Secretaries Management Conference.

(6) Making refreshments available at meetings held at the Central Office.

Dr. Atwater moved that the report be received for information. Seconded by Dr. Poindexter. Motion carried.

Dr. James M. Zealy, chairman, Hospital Dental Service Committee submitted a report on his attendance at the Workshop of Hospital Dental Service, June 21-22 at ADA headquarters in Chicago as a representative of the Society. He said the Workshop considered methods for improving the process for evaluating dental departments in hospitals desiring accreditation by the ADA. The report was received for information.

It was noted that there had been widespread misinterpretation of a statement issued by the Joint Commission on Accreditation of Hospitals concerning the privileges of dentists in hospitals and that subsequently the Commission had confirmed that the statement applied only to the State of Washington and did not represent any change in policy.

It was suggested that the correct interpretation of the statement be included in the *Newsletter*.

WATS Line: The executive secretary reported on the cost of Wide Area Telephone Service in the Central Office as requested by the Executive Committee May 8, 1968.

He stated that the charge for a full-time WATS line is \$500 monthly. The charge for measured service up to 15 hours is \$250 monthly and \$15 per hour for overtime. These charges are for outgoing or incoming service.

He noted that the average monthly cost of long distance service for the past year was \$35 and that this indicated that the installation of a WATS line was not feasible at this time.

The report was received for information.

Communications: A letter from Dr. Paul P. Hedrick of Lenoir offering to relinquish to the president of the Society the right to use specially lettered auto license plates was received for information. The offer is to be declined with thanks.

Travel Proposal: Dr. Osborne moved that the offer of American International Travel Service to provide a vacation travel package sponsored by the Society be declined. Seconded by Dr. Atwater. Motion carried.

Authorization for Travel for Executive Secretary: Dr. Kirkland moved that travel expense be authorized for the executive secretary to attend the ADA meeting October 28-31 in Miami Beach. Seconded by Dr. Poindexter. Motion carried.

President's Comments: President Osborne announced that the N. C. Dental Assistants Association was in the process of organizing district components and that initial meetings of these districts would be held this fall in conjunction with District meetings of the Society.

He noted that the proposed ADA dues increase had precipitated considerable discussion across the State and that he was considering including comment on the proposal in his remarks to the District Societies. He indicated that he was not in favor of a dues increase. The Committee encouraged him to inform the Districts of his position on the matter.

Executive Secretary's Comments: The executive secretary reported that in recent weeks the historical marker on Capitol Square in Raleigh

commemorating the founding of the North Carolina Dental Society had been removed, and that he had written the Department of Archives and History for an explanation. He said that the Department was unable to explain why the marker had disappeared and subsequently had ordered replacement.

He reported that the Council on Scientific Session of the ADA had been very cooperative for the past several years in accepting table clinics recommended by the Clinic Committee after the deadline date, but that beginning in 1969 it would not be possible to accept any clinics after the announced deadline for the program. Since the annual session was always held after the deadline, he stated that it would be necessary to change the procedure for selection of clinics for presentation at the ADA meeting. He suggested that table clinics might be selected at the District meetings.

Table Clinics: Dr. Atwater moved that the Clinic Committee implement a procedure for selecting table clinics at District meetings for presentation at the ADA meeting. Seconded by Dr. Kirkland. Motion carried.

Next meeting: Dr. Osborne moved that if necessary the Executive Committee meet in Raleigh October 13, 1968 during the Fourth District meeting. Seconded by Dr. Poindexter. Motion carried.

Adjournment: The meeting adjourned at 6:45 p.m. on motion by Dr. Atwater, seconded by Dr. Osborne.

Following the meeting members of the Executive Committee were the guests of President and Mrs. Osborne at a social hour and dinner.

C. W. POINDEXTER, D.D.S.
Acting Secretary-Treasurer



Table Clinic at the 113th Annual Session

BUDGET 1968-69
Adopted August 3, 1968

ESTIMATED INCOME

State Dues	\$42,315.00
Annual Session	11,310.00
JOURNAL	5,300.00
Expense Reimbursements	350.00
Savings Account Interest & Dividends.....	1,600.00
Insurance Dividend	
Matured Bonds	469.00
Sales—Formularies & Histories	
Total Estimated Income.....	<u>\$61,344.00</u>

BUDGETED EXPENSE**Administrative Expense**

Salaries & payroll taxes.....	\$27,271.00
Office Rent	4,463.00
Office supplies	900.00
Office machine maintenance.....	350.00
Telephone	1,000.00
Postage	800.00
Travel	1,500.00
Insurance	235.00
Property tax	125.00
News clipping service.....	185.00
Miscellaneous	50.00
	<u>\$36,879.00</u>

Annual Session	9,000.00
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Publications

JOURNAL	\$ 7,400.00
Newsletter	425.00
	<u>7,825.00</u>

Committees & Conferences

Children's Dental Health.....	\$ 100.00
Dental Health	150.00
Dental Care Programs	
Dental Practice Act.....	500.00
TV	
Other Committees	100.00
District Officers Conf.....	200.00
Reimbursement of Officers and Delegates.....	3,650.00
	<u>4,700.00</u>

Contributions	250.00
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Memberships	570.00
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Audit	325.00
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Legal Counsel	500.00
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Miscellaneous	100.00
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Contingent Fund	\$60,149.00
	1,195.00

\$61,344.00

WINSTON-SALEM, NORTH CAROLINA

August 25, 1968

Call to Order: The Executive Committee convened Sunday, August 25, 1968, in Conference Room A of Forsyth Memorial Hospital, Winston-Salem. Dr. James H. Lee, chairman, called the meeting to order at 3:35 p.m.

Roll Call: Committee members present: Drs. James H. Lee, Colin P. Osborne, Jr. C. W. Poindexter, Lackey B. Peeler, and C. Z. Candler. Insurance Committee members present: Drs. J. S. D. Nelson, chairman; William A. Mynatt, and Thomas L. Blair. Staff members present: Andrew M. Cunningham, executive secretary. Others present: Dr. Riley E. Spoon, Jr.

Recognition of New Member: Dr. Lee recognized Dr. C. Z. Candler of Asheville, recently appointed to the Executive Committee by the president. Dr. Lee welcomed him as a new member.

Approval of Minutes: On motion by Dr. Poindexter, seconded by Dr. Peeler, the minutes of August 3, 1968 were approved, with the stipulation that the report on the 19th State Secretaries Management Conference presented by Dr. Joseph M. Johnson be made a part of these minutes.

Report of Insurance Committee: A report from the Insurance Committee was submitted by Dr. J. S. D. Nelson, chairman, recommending that the Executive Committee approve a group hospitalization, surgery, and medical insurance program with extended benefits underwritten by North Carolina Blue Cross and Blue Shield, Inc., and that it be offered to Society members. This contract will replace the group major medical program underwritten by Insurance Company of North America, which will be terminated at the next anniversary date.

Dr. Nelson explained that the Insurance Committee had carefully studied two proposals of major medical insurance and had determined that neither would offer satisfactory coverage to the members currently insured by INA. He pointed out that because of a high loss ratio experience, the insurance industry was reluctant to offer major medical programs on a group basis.

He stated that the proposal by Blue Cross and Blue Shield was a combination of first-dollar coverage and major medical, and in the opinion of the Insurance Committee, offered the best coverage for the members in lieu of the INA program.

Dr. Osborne moved that the proposal by North Carolina Blue Cross and Blue Shield, Inc., for a group hospitalization, surgery, and medical program with extended benefits, as recommended by the Insurance Committee, be approved and be offered to Society members at the earliest possible date. Seconded by Dr. Candler. Motion carried.

Dr. Nelson said that North Carolina Blue Cross and Blue Shield, Inc., would extend every effort to make the program effective by October 15, 1968 to protect members currently enrolled in the INA program from any lapse in coverage.

Dr. Osborne thanked Dr. Nelson and the members of the Insurance Committee for an excellent report, and commended them for their diligence in behalf of Society members.

Comprehensive Health Planning: Dr. Osborne read a letter from the Office of Comprehensive Health Planning requesting that the manuscript information compiled to date by the State Planning Committee for dentistry on the current status of dental health care in North Carolina be made available to this agency for research purposes.

Dr. Johnson moved that the request be granted. Seconded by Dr. Osborne. Motion carried.

It was stipulated that in transmitting the requested information the Of-

fice of Comprehensive Health Planning be reminded that to date the research efforts by the State Planning Committee for Dentistry had been accomplished without financial support, and requesting a grant to support future research by the Committee.

Regional Medical Program: Dr. Osborne explained that the president of the Society now represented the Society on the Board of Directors of the Regional Medical Program. He recommended that in order to provide more continuity, a representative of the Society other than the president be appointed to serve for a term of 3 years.

Dr. Poindexter moved that in the future a representative of the Society be appointed by the president to serve for a 3 year term on the Board of Directors of the Regional Medical Program. Seconded by Dr. Peeler. Motion carried.

Conference on Mental Retardation: Dr. Osborne reported that he and Dr. C. B. Ledbetter attended a conference on mental retardation in Chapel Hill, August 24, 1968, sponsored by the Council on Retardation. Dr. Ledbetter is serving as liaison to the Council from the Society.

He said that the Council is planning to implement a program to train dentists on the proper care of mentally retarded patients, and urged that the Society give full support to the program.

Fluoridation: Dr. Osborne reported on the activities of the Citizens Committee on Fluoridation in support of communal fluoridation, including contemplated legislation to be proposed to the 1969 General Assembly. Dr. Poindexter noted that the 1966 House of Delegates had adopted a resolution on the matter and suggested that a position paper on communal fluoridation be developed by the Society in support of the resolution.

It was suggested that Dr. David H. Freshwater and Dr. Julian R. Rogers, members of the Citizens Committee on Fluoridation be invited to meet with the Executive Committee and report on plans for state-wide communal fluoridation.

Dental Laboratory Relations: Dr. C. Z. Candler, chairman, Dental Laboratory Relations Committee, reported that although the Committee still maintained good rapport with the North Carolina Dental Laboratory Association, it was apparent that the Association would probably seek legislation for registration or licensure of dental laboratories, at the 1969 General Assembly. He noted that the Association had adopted a resolution calling for 50 per cent representation on any board or agency which was established for the regulation of the laboratory industry in this State. Previously, the Association had agreed to regulation by the Board of Dental Examiners.

Dr. Candler was requested to submit a full report on the matter at the next meeting of the Executive Committee.

Prefiling of Fees: The executive secretary reported that to date 303 dentists had replied to the request of the Dental Service Corporation Committee for information on their usual, customary, and reasonable fees. Of the 303 dentists replying, 273 had submitted prefiling fee schedules, and 232 had submitted letters of intent to participate in the proposed dental service corporation.

N. C. Association of Professions: The executive secretary reported that the N. C. Association of Professions had requested member organizations to appoint consultants to the Association's Board of Directors. He said that the Association had suggested that five consultants from the Society be appointed, one from each District. The consultants will meet regularly with the Association's Board of Directors and provide each of the member organizations with increased exposure to the programs and plans of the Association.

It was agreed that the dentist members of the Association's Board of Directors be requested to submit names of dentists to be appointed as consultants.

Thanks: Dr. Lee expressed thanks to Dr. Thomas L. Blair for securing the excellent facilities of Forsyth Memorial Hospital for the meeting.

Adjournment: The meeting adjourned at 2:50 p.m. on motion by Dr. Osborne, seconded by Dr. Poindexter.

JOSEPH M. JOHNSON, D.D.S.
Secretary-Treasurer

RALEIGH, NORTH CAROLINA

December 6, 1968

Call to Order: The Executive Committee convened Friday, December 6, 1968, at Velvet Cloak Inn, Raleigh. Dr. James H. Lee, chairman, called the meeting to order at 8:45 p.m. Dr. Colin P. Osborne, Jr. led in prayer.

Roll Call: Committee members present were: Drs. James H. Lee, Colin P. Osborne, Jr., C. W. Poindexter, Frank G. Atwater, Joseph M. Johnson, George F. Kirkland, Jr., C. Z. Candler, Lackey B. Peeler.

Staff member present was: Andrew M. Cunningham, Executive Secretary.

Others present were: Dr. W. L. Hand, Jr., chairman, Dental Practice Committee; Dr. J. S. D. Nelson, chairman, Insurance Committee; Dr. Roy L. Lindahl, chairman, Dental Service Corporation Committee; Drs. Franklin E. Martin, chairman, T. S. Fleming, and William G. Ware, Jr., Blue Shield Committee.

Approval of Minutes: The minutes of August 25, 1968 were approved on motion by Dr. Poindexter, seconded by Dr. Atwater.

Report of Secretary-Treasurer: On motion by Dr. Kirkland, seconded by Dr. Peeler, the report of the Secretary-Treasurer, dated November 9, 1968, was received for information.

President's Out-of-Pocket Expense: On motion by Dr. Kirkland, seconded by Dr. Peeler, the Secretary-Treasurer was authorized to pay \$500 to the President for out-of-pocket expense, according to Article XII, Section 2 of the *Bylaws*.

Waiver of Dues: On motion by Dr. Osborne, seconded by Dr. Candler, dues for the following members were waived because of total disability, in accordance with Article VI, Section 10 of the *Bylaws*: Dr. H. M. May, Asheville, First District; Dr. Everette R. Teague, Reidsville, Third District; Dr. Karl F. Ehrlich, Fayetteville, Fourth District.

Retired Membership: On motion by Dr. Kirkland, seconded by Dr. Peeler, Dr. John T. Bell, Durham (Third District) was classified as a Retired Member, in accordance with Article III, Section 5 of the *Constitution*.

Honorary Membership: On motion by Dr. Osborne, seconded by Dr. Johnson, Dr. Ralph W. Phillips, Indianapolis, Indiana, was nominated for honorary membership.

On motion by Dr. Osborne, seconded by Dr. Kirkland, Dr. Harry M. Glenda, Wichita, Kansas, President-Elect, American Dental Association, was nominated for honorary membership.

The nominations will be transmitted to the House of Delegates for approval.

Dues Policy: Mr. Cunningham noted that the *Constitution and Bylaws* did not clearly provide for assessment of dues in some cases. On motion by Dr. Poindexter, seconded by Dr. Johnson, a statement on Dues Policy was adopted. A copy is attached to these minutes.

It was noted that Chapter I, Section 50 G of the *Bylaws* of the American Dental Association provides that active members elected to active membership for the first time, and who are elected after July 1, shall pay one-half of the current year's dues.

Dr. Johnson moved that the Constitution and Bylaws Committee be requested to prepare and submit to the House of Delegates an amendment to the *Constitution and Bylaws* which would provide that active members who are elected to active membership for the first time, and who are elected after July 1, shall pay one-half of the current year's dues. Seconded by Dr. Poindexter. Motion carried.

Central Office Services: Mr. Cunningham advised that the cost of addressing and duplicating services customarily performed for District Societies and other organizations by the Central Office for the past several years had increased. He stated that it was the policy of the Central Office to offer these services on a cost basis. He presented a revised schedule of charges for these services which reflected the current actual cost to the Central Office.

On motion by Dr. Johnson, seconded by Dr. Osborne, the schedule of charges for special services by the Central Office presented by the Executive Secretary was approved with the stipulation that it apply to services performed for the District Societies and the Auxiliary, and that all other organizations would be charged an additional 20 per cent.

Blue Shield Committee: Dr. Franklin E. Martin, chairman, Blue Shield Committee, reported that North Carolina Blue Cross and Blue Shield, Inc., would market a comprehensive dental coverage policy after January 1, 1969. He stated that the policy had been developed with the advice and counsel of the Blue Shield Committee.

He submitted copies of the following documents: (1) the proposed dental benefits certificate; (2) a Statement of Understanding delineating the functions, authority, and responsibilities of the Blue Shield Committee in the implementation of dental coverage by the Corporation; and (3) the claim form to be used by the Corporation.

In its written report, the Blue Shield Committee recommended that the Executive Committee approve the three documents. However, Dr. Martin stated that the Committee had reconsidered its previous action and was withdrawing its resolution approving the Statement of Understanding.

Dr. Roy L. Lindahl, chairman, Dental Service Corporation Committee, pointed out that there was an inevitable conflict developing between the Dental Service Corporation and the Blue Shield plan. He emphasized that while active liaison must be maintained with N. C. Blue Cross and Blue Shield for the protection of the patient and the profession, the Society must be careful in the manner in which this liaison is established and maintained.

Dr. Lindahl noted that the dental benefit certificate proposed by Blue Shield provided that payment of claims would be made on the basis of usual, customary and reasonable fee with coinsurable and deductible amounts. He stressed that under the dental service corporation concept, dentists would be paid their usual, customary and reasonable fee, and no coinsurance or deductible factor would apply.

Commenting on the Statement of Understanding, Dr. Lindahl said that this document was contradictory to the purpose and function of a review committee as defined by the ADA Council on Dental Care Programs in that it:

(1) Establishes a dangerous precedent by creating an advisory or review committee for a single insurance carrier.

(2) Provides information to a single carrier.

(3) Implies that the advisory committee will have the power to determine usual, customary and reasonable fees which is not the prerogative of a review committee.

(4) Provides that the advisory committee will be responsible for

quality control which is not within the purview of a review committee, but is the responsibility of a grievance committee operating independently.

Dr. Lindahl also stated that the claim form submitted by the Blues does not correspond to that which has been approved by the ADA Council on Dental Care Programs, and which has been adopted by companies writing 90 per cent of health insurance in the United States.

In addition, he suggested that it would be wise for the Blues to consider the use of the uniform coding system now being developed.

In summary, Dr. Lindahl stated that before the Society committed itself to the mechanisms proposed by the Blues, legal counsel should be consulted.

Dr. Poindexter moved that the report of the Blue Shield Committee be referred back to the Committee for further study by the Committee and review by legal counsel. Seconded by Dr. Atwater. Motion carried.

Dental Service Corporation: Dr. Roy L. Lindahl, chairman, Dental Service Corporation Committee, reported that over 400 members had cooperated in pre-filing their usual, customary and reasonable fees. This information, he said, has been forwarded to a professional actuarial consultant for determining premium rates for contracts to be offered by the Dental Service Corporation. The next step will be to prepare and submit sample contracts to the Insurance Commission for approval. Dr. Lindahl estimated that the Committee should be ready for a hearing with the Insurance Commission about the middle of February.

Dental Practice Act: Dr. W. L. Hand, Jr., Chairman, Dental Practice Act Committee reported that:

(1) All sub-committee reports have been transmitted to the Board of Dental Examiners for consideration and implementation.

(2) The Board has advised that by December 10, it will submit a draft of amendments to the Dental Practice Act which clarify the definition of dentistry, strengthen the provisions for properly enforcing and administering the law, and eliminates portions of the law which the Board's attorney considers unconstitutional. The Board is of the opinion that these amendments must be presented to the 1969 General Assembly.

(3) As soon as the amendments recommended by the Board are received, they will be submitted to the Society's legal counsel for review and recommendations.

(4) There is a possibility that a special session of the House of Delegates may have to be called to consider the amendments recommended by the Board and properly instruct the Legislative Committee on legislation to be introduced in the 1969 General Assembly.

(5) The Executive Committee should define the future financial obligations of the Society in respect to the study of the Dental Practice Act and particularly in respect to reimbursement of the Board's attorney for his service.

(6) The Board and the Committee are not in agreement on the matter of serial listing of duties of auxiliary personnel in rules and regulations. Since 1960 the ADA has advocated the elimination of serial listing of duties of auxiliary personnel from dental practice acts.

The Committee agrees with the ADA. However, the Board's attorney insists that omission of serial listing in the regulation of the practice of dentistry is indefensible and illegal. To date the matter has not been resolved.

(7) The Board and the Committee are not in agreement on the number of dental hygienists a dentist may employ. The current law provides that a dentist may employ only one hygienist. The Board is not in favor of any change in this provision. The Committee holds that the law should be amended to permit a dentist to employ two hygienists.

Dr. Poindexter moved that amendments in the dental law prepared by the Board of Dental Examiners be transmitted to the Society's legal coun-

sel for review and recommendations. Seconded by Dr. Osborne. Motion carried.

Dr. Kirkland moved that if necessary to resolve the question of serial listing of the duties of auxiliary personnel, the Executive Committee request the Board to hold a hearing on the matter and that Mr. Harvey Sarner, legal counsel for the ADA, be invited to support the position of the ADA on the matter. Seconded by Dr. Johnson. Motion carried.

The Executive Secretary was requested to contact Mr. Sarner and the ADA Council on Education and request full background information in support of omission of serial listing of the duties of auxiliary personnel from dental laws and rules and regulations.

Insurance Committee: Dr. J. S. D. Nelson, Chairman, Insurance Committee, outlined the provisions of a contract offered by North Carolina Blue Cross and Blue Shield, Inc., for underwriting a group hospital, medical, and surgical plan with extended benefits for the membership.

Dr. Nelson also explained the optional retention benefits offered by Blue Cross and Blue Shield in connection with the implementation of the group health insurance program. He said that when the account balance is in excess of a two months reserve of fees, Blue Cross and Blue Shield would agree that the balance in the account can then be:

(1) Paid to subscribers participating in the group by a recess in fees or a cash refund.

(2) Paid to the Society in cash.

(3) Left in reserve against future claims.

Dr. Nelson reported that the Insurance Committee had examined and studied the Blue Cross and Blue Shield contract carefully and recommended that the contract be approved and that an appropriate official of the Society be authorized to sign it.

Dr. Nelson also reported that the Insurance Committee had consulted with Mr. Harvey Sarner, secretary, ADA Council on Insurance on the matter of optional retention benefits. Mr. Sarner had advised that he considered two months reserve of fees reasonable and recommended that excess funds be paid to subscribers by a recess in fees. Dr. Nelson stated that the Insurance Committee concurred with Mr. Sarner, and recommended that the Executive Committee approve this method of distributing excess funds.

On motion by Dr. Johnson, seconded by Dr. Atwater, the following resolution was adopted:

Resolved, that the Executive Committee approve the contract offered by North Carolina Blue Cross and Blue Shield, Inc., for a group hospital, medical, surgical program with extended benefits for members of the North Carolina Dental Society, and be it further

Resolved, that the President of the Society be authorized to sign the contract in behalf of the Society.

On motion by Dr. Poindexter, seconded by Dr. Osborne, the following resolution was adopted:

Resolved, that funds in excess of a two months reserve of fees accumulated in the group hospital, medical, surgical program, underwritten by the North Carolina Blue Cross and Blue Shield, Inc., be paid to subscribers participating in the group by a recess in fees.

Dr. Nelson reported that the Insurance Committee was concerned over developments in the group Overhead Expense Protection Plan underwritten by Mutual of Omaha. He noted that at the end of October, after 2 months of solicitation, there were less than 100 policies in force. In the opinion of the Insurance Committee, this indicated that Mutual of Omaha was not conducting an effective marketing program and that unless the Company increased its efforts, the minimum requirement of 526 policies would not be achieved by March 1, the end of the initial enrollment period.

Dr. Nelson also reported that members had complained that Mutual of

Omaha would not insure them without restrictive riders for physical impairments during the open enrollment period. He said that this was contrary to the Insurance Committee's interpretation of the terms of the original proposal offered by the Company. Further, the Committee felt that selective underwriting may seriously hamper the enrollment in this program.

Dr. Nelson introduced Mr. Paul B. Walsh of Atlanta, Eastern Sales Manager for Mutual of Omaha. Mr. Walsh pointed out two factors which accounted for the slow start on enrollment. First, the Company was unable to prepare descriptive literature until September 1. Second, solicitation ran concurrently with efforts to enroll members in the new Blue-Cross-Blue Shield Health Insurance Plan.

According to Mr. Walsh, the Company interpreted the "open enrollment" period specified in its original proposal to mean that if 526 policies were issued within an initial 6 months period, then all applicants would be accepted without medical underwriting. However, he noted that members with a serious physical impairment (i.e. cardio-vascular history or diabetes) or with more than one physical impairment which could interfere with the performance of occupation, would still be subject to medical underwriting or a reduction in benefits, or both. This, he maintained, was in accordance with sound underwriting for this type of program.

Mr. Walsh admitted that at first glance it appeared that underwriting restrictions in some cases may have been too severe. He said that he had requested the Company's Underwriting Department to review all cases where coverage had been limited or reduced.

Further, he promised to submit to the Insurance Committee in writing, a statement in detail of the terms of the open enrollment period referred to in the original proposal.

The Executive Committee instructed the Insurance Committee to continue negotiations with Mutual of Omaha for more liberal terms in the hope that a change may not be necessary, but at the same time to look at other companies for more liberal terms.

Department of Community Colleges: Dr. Osborne advised that the Advisory Committee on the Education of Dental Auxiliary Personnel had requested the Society endorse and support the appropriation request of the Department of Community Colleges to the 1969 General Assembly. He observed that part of these funds would be needed to improve and expand current programs of dental auxiliary education.

Dr. Atwater moved that the Legislative Committee be directed to support the appropriation request of the Department of Community Colleges to the 1969 General Assembly. Seconded by Dr. Peeler. Motion carried.

Adjournment: On motion by Dr. Candler, seconded by Dr. Poindexter, the meeting was adjourned at 1:30 a.m.

JOSEPH M. JOHNSON, D.D.S.
Secretary-Treasurer

DUES POLICY

Background Statement: New members are elected to membership annually at the District Meetings in the Fall. This is the only opportunity for an applicant to become a member, and if he is joining the Society for the first time problems of dues assessment and eligibility for participation in group insurance programs arise.

It is the current policy to exempt new members from dues for the remainder of the current year and bill them for dues for the ensuing calendar year.

The ADA *Bylaws* and the NCDS *Bylaws* provide that student members when elected to active membership are exempt from dues for the remainder of the current year.

The NCDS *Bylaws* provide that upon election to membership, a mem-

ber "shall at that time and annually thereafter" pay dues. (Article IV Section 1)

Thus, the recent graduate is not seriously affected, except that he may experience a delay of from 1 to 3 months before he become eligible for participation in group insurance programs.

Members transferring from one District to another, or from another Constituent of the ADA to the NCDS are covered, since they already hold ADA cards. However, to exempt transfers from other Constituents from dues for the remainder of the current year is a liberal interpretation of the *Bylaws*, to say the least.

However, members elected to active membership for the first time are adversely affected. So are members returning from graduate school or active duty in the military, unless they were student members while they were in graduate school or were members of the ADA while in the military.

The policy has been to exempt those in the above categories for the remainder of the calendar year. This means that they do not, in fact, become members of the ADA until they pay dues for the ensuing year and may experience a delay of 2 or more months before they are eligible for ADA membership privileges, including attendance at ADA meetings, subscription to the *JOURNAL*, and participation in group insurance programs.

New members in these categories have been given the opportunity of voluntarily paying dues for the remainder of the current year. This is also a liberal interpretation of the *Bylaws*.

The ADA *Bylaws* provide that members joining the ADA for the first time after July 1 shall pay one-half of the current year's dues, but the NCDS *Bylaws* make no such provision. Therefore, payment of full District and State dues is required.

The *Bylaws* specifically provide that members who have been dropped from the roll for non-payment of dues, shall upon re-instatement, pay current year's dues plus penalties assessed. If a member is re-instated under these conditions, he is required to pay full dues (District, State and ADA) for the year in which he is re-instated, plus penalties.

In the future, consideration should be given to amending the *Bylaw* so that the procedure for assessing dues is clarified. In the meantime there is no alternative but to establish policy for the proper administration of the dues structure. It is recommended that the attached statement on Dues Policy be approved.

STATEMENT ON DUES POLICY

1. Student Members: Student members of the American Dental Association shall be exempt from dues for the remainder of the calendar year. (NCDS *Bylaws*, Article VI. Section 2) (ADA *Bylaws*, Chapter I. Section G)

2. Transfers: Members who transfer their membership from another district or another constituent who have paid their dues for the current year, shall be exempt from dues for the remainder of the calendar year.

3. Re-instated Members: Members who have been dropped from the roll for non-payment of dues and who are being re-instated shall pay their dues for the remainder of the current year, plus district and state penalties. (*Bylaws*, Article VI. Section 6.)

4. Other New Members: Members elected to membership for the first time shall be exempt from dues for the remainder of the current year. However, they may voluntarily pay dues for the remainder of the current year which will include full district and state dues and one-half American Dental Association dues. (ADA *Bylaws*, Chapter I. Section 50G)

JOINT SESSION WITH ANNUAL SESSION COMMITTEE

RALEIGH, NORTH CAROLINA

December 7, 1968

Call to Order: The Executive and Annual Session Committees convened in joint session at Velvet Cloak Inn, Raleigh, Saturday, December 7, 1968. President Colin P. Osborne, Jr., called the meeting to order at 8:45 a.m. Dr. C. Z. Candler opened the meeting with prayer.

Roll Call: Committee members present were: Drs. James H. Lee, Colin P. Osborne, Jr., C. W. Poindexter, Frank G. Atwater, Joseph M. Johnson, George F. Kirkland, Jr., C. Z. Candler, Lackey B. Peeler.

Members of the Annual Session Committee present were: Harold E. Maxwell, general chairman, and the chairmen of the following sub-committees: L. M. Cherry, Arrangements; J. Harry Spillman, Program; J. P. Megginson, Jr., Publicity.

Staff members present: Andrew M. Cunningham, Executive Secretary; Kathryn Montague, Central Office Secretary.

Remarks by President: Dr. Osborne thanked the members of the Annual Session Committee for their interest in planning the 1969 Annual Session and predicted that with their continued cooperation it would be an excellent and successful meeting.

Annual Session Reports: Dr. Harold E. Maxwell, General Chairman, Annual Session Committee submitted reports from sub-committees including appropriation requests. He noted that askings totalled \$9,300.00, which was \$300.00 over the \$9,000.00 budgeted. However, he also noted that revenue from sale of exhibit space would total \$11,680.00 which was \$370.00 in excess of the \$11,310.00 originally anticipated.

Executive Session: Dr. Osborne expressed appreciation for the fine reports submitted by the Annual Session Committee. The Executive Committee then went into executive session with Dr. James H. Lee, Chairman, presiding.

Corporate Practice: Dr. Lee introduced Mr. Hugh Bowman, representing Financial Service Corporation of America. Mr. Bowman outlined the tax shelter advantages of a professional man incorporating his practice and urged the Society to seek enabling legislation to permit professionals to incorporate. It was noted that the North Carolina Association of Professionals planned to introduce corporate practice legislation in the 1969 General Assembly, and that the Society would support such legislation.

Approval of Annual Session Budget: The reports and budget requests of the Annual Session Committee were reviewed. On motion by Dr. Atwater, seconded by Dr. Johnson, the reports of the Annual Session Committee were approved and a budget of \$9,300.00 was adopted. A copy is attached to these minutes.

It was noted that the \$9,300.00 allocated to the Annual Session Committee was \$300.00 more than the amount allocated in the original budget adopted August 3, 1968. On motion by Dr. Poindexter, seconded by Dr. Osborne the additional \$300.00 will be deducted from the Contingent Fund, leaving a balance in the Contingent Fund of \$895.00.

Laboratory Relations: Dr. C. Z. Candler, chairman, Dental Laboratory Trade Relations Committee, reported that relations between the Society and the North Carolina Dental Laboratory Association continued to be harmonious, although the Association was still pressing for legal recognition through licensure or registration. He said that the Association was now working with a sub-committee of the Dental Practice Act Committee on the establishment of a commission to regulate laboratories and technicians under the Board of Dental Examiners.

President's Comments: President Osborne announced the appointment of Dr. Walter H. Finch, Jr., to the Board of Directors of the North Carolina Regional Medical Program for a three year term.

He read a letter from Dr. Bennie D. Barker, UNC School of Dentistry calling attention to North Carolina law which did not permit School Health Funds to be expended for preventive services and urging that this law be amended.

Dr. Osborne announced that a relief grant to Mrs. W. K. Lindsay of \$100.00 per month from the Society's Relief Fund had been approved and that the ADA Relief Fund had approved a matching grant.

Dr. Osborne commented on the incorrect use by the profession of the term "prescription" in connection with work performed by a dental laboratory for a dentist. He said that the terms "work order" or "work authorization" were proper and should be used to avoid legal complications.

He urged that standing committees be advised that no funds should be expended without proper authorization and allocation in the budget.

Committee Expenses: Dr. Poindexter moved that committees be informed that expenditure of funds in excess of the amount budgeted must have the approval of the Executive Committee, but that the Secretary-Treasurer be authorized to approve expenses up to \$100.00 in excess of the budgeted amount. Seconded by Dr. Peeler. Motion carried.

Dental Practice Act Committee: It was noted that the Dental Practice Act Committee in May 1967 estimated that \$1,500.00 would be needed to complete its study, but because of limited financial resources only \$500.00 was budgeted for this purpose in the budget for fiscal 1967-68. Subsequently, an additional \$500.00 was budgeted in fiscal 1968-69.

The Committee spent \$171.00 in fiscal 1967-68, and currently has an obligation of \$760.00 for fiscal 1968-69 and anticipates further expenses.

Dr. Osborne moved that the House of Delegates be requested to appropriate sufficient funds from reserve to the Dental Practice Act Committee to enable the Committee to complete its study. Seconded by Dr. Atwater. Motion carried.

Executive Secretary's Comments: Mr. Cunningham reported that the historical marker on Capitol Square in Raleigh commemorating the founding of the North Carolina Dental Society which had been removed for reasons the Department of Archives and History could not explain was not back in place. He said the Department had searched in vain for the missing marker which apparently had been removed when sidewalks were undergoing repair and subsequently ordered that a new one be cast.

Mr. Cunningham stated that because ADA dues had been increased by the House of Delegates in Miami Beach in late October, membership cards were received about a month later than usual. He reported its procedure in processing dues to meet the situation and dues were being received at a normal rate.

Communication: Dr. Johnson read a letter from Miss Mira Riddle who resigned from her position as Central Office Secretary October 31, thanking the officers and members for the many kindnesses extended to her during her 13 years of service to the Society and expressing her appreciation for the wrist watch presented to her by the Executive Committee on the occasion of her resignation.

Dr. Atwater moved that the Editor-publisher be requested to publish the letter from Mira Riddle in the January issue of THE JOURNAL.

Reimbursement of Delegates: Dr. Johnson pointed out that Article XII, Section 2 of the *Bylaws* provided that "The Executive Committee may reimburse delegates to the American Dental Association . . . first class,

round-trip air transportation, and up to \$25.00 per diem for each day of official participation as a delegate. . . ."

He noted that not all the delegates to the ADA meeting in Miami submitted vouchers for first-class round-trip air transportation. He said that in his opinion delegates were entitled to reimbursement for travel on this basis regardless of how they traveled.

Dr. Peeler moved that in the future delegates be advised that they could be paid first-class round-trip air transportation regardless of how they chose to travel, plus \$25.00 per diem for each day of official participation. Seconded by Dr. Kirkland. Motion carried.

Dr. Atwater moved that delegates to the ADA meeting in Miami be reimbursed for transportation according to the vouchers submitted. Seconded by Dr. Poindexter. Motion carried.

Dr. Atwater moved that the Executive Committee recommend to the House of Delegates that the *Bylaws* be amended to provide that delegates be paid one day's reimbursement when overnight stay is essential to prompt attendance at an opening meeting and one day's per diem be paid when such stay is essential because of late adjournment. Seconded by Dr. Poindexter. Motion carried.

Dr. Candler moved that the president be paid per diem for each day of official participation as a delegate in addition to the cost of one bedroom in the Headquarters suite at ADA meetings. Seconded by Dr. Kirkland. Motion carried.

Increase in Dues: Dr. Poindexter pointed out that because of limited financial resources and rising costs a "hold the line budget" had been consistently adopted. He emphasized that if new programs are to be developed an increase in dues must be considered. Dr. Poindexter moved that the Chairman of the Executive Committee appoint a committee to study the need for a dues increase and report to the Executive Committee. Seconded by Dr. Kirkland. Motion carried.

Dr. Lee appointed the following to the committee: Dr. Poindexter, Chairman, Dr. Atwater, and Dr. Johnson.

Corporate Practice: Dr. Osborne reported that the N. C. Association of Professions was considering the introduction of legislation in the 1969 General Assembly to permit professional people to incorporate their practices. Dr. Osborne moved that the Legislative Committee be instructed to support this legislation. Seconded by Dr. Candler. Motion carried.

Accommodations at Pinehurst: Dr. Candler moved that in the letter which will accompany hotel application forms members be urged to stay at The Carolina. Seconded by Dr. Atwater. Motion carried.

Table Clinics: Dr. Peeler moved that certificates of appreciation be awarded to all dentists who presented table clinics at the Annual Session. Seconded by Dr. Johnson. Motion carried.

Services of Board Attorney: It was noted that a statement for services rendered by the Board of Dental Examiners attorney in connection with the revision of the dental laws had been received. The Secretary-Treasurer was directed to confer with the Board on the matter and report on the matter at the next meeting.

Adjournment. The meeting was adjourned at approximately 4:00 p.m.

JOSEPH M. JOHNSON D.D.S.
Secretary-Treasurer

ANNUAL SESSION BUDGET 1969

Adopted December 7, 1968

Arrangements	\$2,760.00
Clinic	95.00
Entertainment	1,550.00
Exhibit, Commercial	2,195.00
Exhibit, Scientific	25.00
Hospitality	30.00
Monitor	0
Necrology	65.00
Program	1,860.00
Publicity	360.00
Sports	100.00
House of Delegates.....	260.00
TOTAL	\$9,300.00

NOTES

1. The Arrangements Committee will consider the request from the North Carolina Dental Hygienists Association for a meeting room with a capacity of 150 in the headquarters hotel for all day Monday, May 12 and will grant the request if space is available.

2. The following clinicians have accepted invitations to appear on the 1969 program: Dr. Ralph W. Phillips, Indianapolis, Indiana; Dr. W. W. Dolan, Coral Gables, Florida; Dr. Galen W. Quinn, Duke Medical Center.

3. The Program Committee will make an announcement at the close of every scientific session urging members to visit the commercial exhibits and to place orders with them if possible.

4. The Exhibit Committee is to consider distributing questionnaires to the commercial exhibitors asking for their comments and suggestions on the conduct of the commercial exhibit area.

5. The Exhibit Committee is to consider locating a receptacle in the commercial exhibit area for door prize stubs to encourage traffic in that area.

6. The Arrangements Committee will schedule coffee breaks during each scientific session and provide coffee in the House of Delegates at appropriate times.

7. The Necrology Service will be scheduled at the close of the first General Session.

8. The Entertainment Committee is to consider scheduling all entertainment in the Cardinal Ballroom.

9. The Program Committee will schedule one-half hour of scientific films of their selection preceding each scientific session.

10. The Sports Committee is requested to make the Golf Tournament as self-sustaining as possible.

RALEIGH, NORTH CAROLINA

February 7, 1969

Call to Order: The Executive Committee convened Friday, February 7, 1969, at the Central Office, Raleigh. Dr. James H. Lee, Chairman, called the meeting to order at 9:25 p.m. Dr. Osborne led in prayer.

Roll Call: Committee members present were: Drs. James H. Lee, Con P. Osborne, Jr., C. W. Poindexter, Frank G. Atwater, Joseph M. Johnson, George F. Kirkland, Jr., C. Z. Candler, Lackey B. Peeler.

Staff member present was: Andrew M. Cunningham, executive secretary.

Others present: Dr. A. Breece Breland, editor-publisher; Dr. E. U. Austin, chairman, Dental Care Program Committee; Dr. F. E. Martin, chairman, Blue Shield Committee.

Approval of Minutes: The minutes of December 6, 1968 and December 7, 1968 were approved on motion by Dr. Osborne, seconded by Dr. Johnson.

Report of Secretary-Treasurer: On motion by Dr. Candler, seconded by Dr. Atwater, the report of the secretary-treasurer, dated January 31, 1969, was received for information.

Executive Secretary's Expenses: On motion by Dr. Osborne, seconded by Dr. Atwater, the secretary-treasurer was authorized to reimburse the executive secretary for expenses incurred in attending the conference on Dental Education and Licensure in Chicago, January 31-February 1, 1969.

Dental Practice Act: Dr. Lee reported that he had received the following proposals from the North Carolina State Board of Dental Examiners for the consideration of the Executive Committee:

- (1) Proposed changes in the Dental Practice Act.
- (2) Proposed rules and regulations pertaining to the functions which may be delegated to a dental assistant by a dentist.

It was noted that both proposals had been submitted directly to the Executive Committee and had not been reviewed by the Dental Practice Act Committee or legal counsel.

On motion by Dr. Poindexter, seconded by Dr. Osborne, the following statement was approved:

The Executive Committee approves the amendments to the Dental Practice Act proposed by the North Carolina State Board of Dental Examiners, subject to approval by the Society's legal counsel and the Dental Practice Act Committee.

It was observed that the rules and regulations pertaining to dental assistants approved by the 1968 House of Delegates and submitted to the Board of Dental Examiners for its consideration did not include a serial listing of duties which may be delegated by the dentist, but did include a list of those functions considered inappropriate for delegation.

Furthermore, it was noted that the serial list of functions which could be delegated to a dental assistant was more restrictive than permitted under current rules and regulations.

It was suggested that the Board be requested to consider revising its proposed rules and regulations pertaining to functions which may be delegated to a dental assistant by a dentist as follows:

- (1) Eliminate the preamble.
- (2) Delegate to the Dental Assistant I the taking of X rays, the application of topical fluorides, and the application of topical anesthetics.
- (3) Expand the functions of the Dental Assistant II to include: (a) changing and removing periodontal packs and surgical dressings; (b) preparing and making diagnostic study models upon which no prosthetic

appliance shall be constructed; and (c) placing temporary cement and temporary fillings.

(4) Include a statement of interest by the Board that the duties of the Dental Assistant II will be expanded in the future as approved training programs are developed and established.

On motion by Dr. Johnson, seconded by Dr. Candler, the following statement was approved:

The Executive Committee feels that the rules and regulations pertaining to the delegation of functions to the dental assistant by the dentist proposed by the North Carolina State Board of Dental Examiners are not essentially the same as those recommended by the 1968 House of Delegates of the North Carolina Dental Society. Therefore, we urge that they not be adopted by the Board. We believe that the proposed rules and regulations are more restrictive than the present rules and regulations.

Services by Board Attorney: Dr. Johnson presented a statement of legal fees totalling \$985.00 for services performed by the Board of Dental Examiners attorney for the Dental Practice Act Committee relative to amending the dental laws and recommended that it be paid.

Dr. Atwater moved that the Board Attorney be paid for services rendered to January 2, 1969, and that in the future, any request for services by the Board Attorney must have the approval of the secretary-treasurer of the North Carolina Dental Society. Dr. Poindexter seconded the motion and it was carried.

It was agreed that future relations between the Board and the Dental Practice Act Committee would be discussed with representatives of the Board at the meeting scheduled for tomorrow morning (February 8).

Blue Shield Committee: Dr. Franklin E. Martin, chairman, Blue Shield Committee, reported that the committee had met with representatives of North Carolina Blue Cross and Blue Shield, Inc., on January 5, 1969, and had reviewed: a dental benefits certificate; a statement of understanding; and a claims form.

As a result of that meeting, revisions in the above documents were agreed upon and Dr. Martin submitted the revised documents approved by the Blue Shield Committee for consideration and approval by the Executive Committee.

Dr. Kirkland moved that the revised dental benefits certificate be approved subject to review by legal counsel with the recommendation that two topical applications of fluoride be offered annually rather than one. Seconded by Dr. Peeler. Motion carried.

Dr. Poindexter moved that the revised statement of understanding be approved subject to review by legal counsel. Seconded by Dr. Peeler. Motion carried.

Dr. Osborne moved that the revised claims form be approved subject to review by legal counsel. Seconded by Dr. Johnson. Motion carried.

Insurance Committee: Mr. Cunningham reported that Dr. J. S. D. Nelson, chairman, Insurance Committee, had continued negotiations with Mutual of Omaha for more liberal enrollment terms in the group Overhead Expense Protection Plan underwritten by Mutual of Omaha and sponsored by the Society. As a result, Mutual of Omaha in a letter dated January 28, 1969, had agreed that:

(1) All members under age 69 and in active full time practice or employment are eligible, subject to acceptance by the company.

(2) All eligible members, as defined above, who apply will be counted toward the minimum (526) necessary for non-selective underwriting.

(3) When 526 applications have been received by Mutual of Omaha, all riders previously attached will be reviewed and an "open enrollment" period of 60 days will be announced and in effect.

(4) When the 526 application total has been reached, all applicants

who are under age 69 in active full time practice or employment, may apply without regard to medical history for a period of 60 days.

(5) The six-month quota period for the 526 applications will end March 1, 1969.

The report was received for information and the executive secretary was instructed to write Dr. Nelson, commending and thanking him for "going the second mile" in the interest of the society.

Membership: On motion by Dr. Poindexter, seconded by Dr. Johnson, it was made a matter of record that the following have been dropped from the roll for non-payment of 1968 dues by December 31, 1968 as provided in Article VI, Section 6, of the *Bylaws*: J. E. Hair, Canton, First District; Robert H. Libby, Charlotte, Second District; Curtis S. Reid, Winston-Salem, Second District; Roy W. Wilson, Charleston, S. C., Second District; J. J. Wilson, High Point, Third District; Thomas H. Fetzer, Raleigh, Fourth District; John T. Fox, Selma, Fourth District; W. B. Belois, Fifth District.

Amendment to Constitution and Bylaws: Dr. Atwater moved that the *Constitution and Bylaws* be amended to permit full time educators in dental schools and employees of federal and state agencies who are licensed in another state to be eligible for active membership in the Society and that the Constitution and Bylaws Committee be directed to prepare appropriate resolutions for submission to the House of Delegates. Seconded by Dr. Candler. Motion carried.

Appointments to State Agencies: It was noted that the term of the incumbent dental member of the State Board of Health would expire July 1. It was also noted that if the General Assembly approved a Title XIX Program for North Carolina, the governor would be required by law to appoint an Advisory Committee to Title XIX composed of laymen and representatives of the health profession providing services under the program, including dentistry.

It was agreed that the Executive Committee at its next meeting would consider approving dentists to be recommended to the governor for appointment to these posts.

North Carolina Association of Professions: It was noted that the terms of Dr. L. P. Megginson, Jr., Dr. Thomas M. Hunter and Dr. Charles A. Garrett on the Board of Directors of the North Carolina Association of Professions expire in 1969 and that new members would be elected at the annual meeting of the Association on February 20, 1969.

The President was authorized to recommend dentists to be elected to fill these vacancies.

Adjournment: On motion by Dr. Johnson, seconded by Dr. Candler, the meeting was adjourned at 2:00 a.m.

JOSEPH M. JOHNSON, D.D.S.
Secretary-Treasurer

RALEIGH, NORTH CAROLINA

February 8, 1969

Call to Order: The Executive Committee convened Saturday, February 8, 1969, at the Central Office, Raleigh. Dr. James H. Lee, chairman, called the meeting to order at 9:45 a.m. Dr. Candler led in prayer.

Roll Call: Committee members present were: Drs. James H. Lee, Colin P. Osborne, Jr., C. W. Poindexter, Frank G. Atwater, Joseph M. Johnson, George F. Kirkland, Jr., C. Z. Candler, Lackey B. Peeler.

Members of the North Carolina State Board of Dental Examiners

present were: Drs. Freeman C. Slaughter, Guy R. Willis and C. C. Dierckx. Staff member present was: Andrew M. Cunningham, executive secretary.

Others present were: Dr. W. L. Hand, Jr., chairman, Dental Practice Act Committee.

Services of Board Attorney: The statement of legal fees charged by the Board of Dental Examiners' attorney through January 2, 1969, for services rendered the Board and the Society relative to drafting amendments to the dental law was discussed.

It was noted that the legal fees totalled \$2,760.00 and that \$1,775.00 was charged to the Board of Dental Examiners and \$985.00 was charged to the Society.

Dr. Dierckx stated that an item of \$400.00 charged to the Board should not be included in the statement, since this was for services performed by the attorney prior to September 1966 at the sole request of the Board. This would reduce the total to \$2,360.00. He advised the Executive Committee that legal expenses for amending the dental laws far exceeded the \$1,500.00 estimated by the Board in September, 1966. He said that the unusual court costs and investigation activity had seriously impaired the financial condition of the Board in recent years and that the Board would appreciate financial assistance from the Society to help meet its obligations. He asked the Executive Committee to consider paying half the total legal fees charged by the Board attorney, less the \$400.00 item or \$1,180.00. This would be \$195.00 in excess of the \$985.00 charged specifically to the Society by the Board attorney.

Dr. Slaughter stated that in the Board Minutes of September 18, 1966, it was recorded that the Executive Committee had agreed to pay half of the estimated cost of \$1,500.00.

Dr. Poindexter called attention to the following resolution adopted by the Executive Committee September 18, 1966, and transmitted to the Board on the same date:

Realizing that there is a need for a complete review of the scope of the Dental Practice Act, and pursuant to a request of the Board of Dental Examiners that modifications of the Act be proposed by the North Carolina Dental Society, therefore, be it

Resolved, that the Legislative Committee be directed to study the problem in consultation with the Board of Dental Examiners in order to make specific recommendations to the Executive Committee, and be it further

Resolved, that because no funds are budgeted this year for such purpose, the Executive Committee suggests that the Board of Dental Examiners furnish legal counsel for those specific changes which they have requested having to do with difficulties in administering the work of the Board under the present Dental Practice Act, and be it further

Resolved, that the Legislative Committee request funds for such other changes that the Committee deems necessary.

Dr. Poindexter pointed out that the resolution made no mention of an estimated cost of \$1,500.00 nor did it obligate the Society to pay half of the cost of amending the dental laws as quoted in the Board Minutes of September 18, 1966.

Legislative Activity by the Board: Dr. Lee asked Dr. Slaughter if the General Statutes charged the Board with the responsibility of introducing legislation amending the Dental Practice Act.

Dr. Slaughter replied that the General Statutes did not charge the Board with this responsibility, and that it was his opinion that any changes in the dental laws should be suggested by the profession. However, he said that should the Board become aware that changes should be made in the law to protect the public, then the Board should act.

Rules and Regulations: Dr. Lee called attention to the preamble of the rules and regulations pertaining to functions to be delegated to

ental assistants proposed by the Board which stated: "At the request of the House of Delegates of the North Carolina Dental Society, the North Carolina State Board of Dental Examiners has approved the following rules and regulations:"

Dr. Lee pointed out that the rules and regulations proposed by the Board differed from those approved by the House of Delegates in that they: (1) Included a serially listing of functions to be delegated to dental assistants; (2) Omitted those functions which could not be delegated to a dental assistant; (3) were, in fact, more restrictive.

Dr. Lee noted also, that the rules and regulations proposed by the Board were even more restrictive than the current rules and regulations approved by the Board and which now govern the functions of a dental assistant.

He said that for the above reasons the Executive Committee on February 7, 1969, urged that the Board not adopt the proposed rules and regulations.

Dr. Johnson told the Board Members that the proposed rules and regulations would hurt dentists in rural areas. He said that dental assistants who met the required educational standards would be reluctant to seek employment with dentists in rural areas and that it would be years before dentists with rural practices could attract a Dental Assistant II as proposed by the Board.

Dr. Slaughter said that in the opinion of the Board the proposed rules and regulations were for the protection of the public and until approved educational training programs were established, the Board was not in favor of expanding the functions which could be delegated to dental assistants. He stated that this was the philosophy of dental educators.

Further, he pointed out, that ADA policy recommended that serial listing of functions to be delegated be omitted from the general statutes but did not prohibit such listing in rules and regulations.

He said that the Board attorney advised that to enumerate those procedures which auxiliary personnel cannot do would be subject to abuse by an unscrupulous practitioner and would be contrary to 90-29 (7) which contemplates positive authorization and permission rather than a negative approach.

Dr. Hand urged the Board to place more confidence in the professional judgment of the dentist to decide what functions could appropriately be delegated to auxiliary personnel and thereby help relieve the dental manpower shortage.

Dr. Slaughter asked the Executive Committee to suggest revisions in the proposed rules and regulations.

The Executive Committee then requested the Board to consider the following revisions:

- (1) Eliminate the preamble.

- (2) Delegate to the Dental Assistant I the taking of X rays, the application of topical fluorides, and the application of topical anesthetics.

- (3) Expand the functions of the Dental Assistant II to include: (a) changing and removing periodontal packs and surgical dressings; (b) preparing and making diagnostic study models upon which no prosthetic appliance shall be constructed and (c) placing temporary cement and temporary fillings.

- (4) Include a statement of interest by the Board that the duties of the Dental Assistant II will be expanded in the future as approved training programs are developed and established.

Dr. Slaughter said that the revisions suggested would be submitted to the Board for consideration.

Statutory Amendments: Dr. Lee informed the Board members that the Executive Committee on February 7, 1969, had considered the amendments to the Dental Practice Act proposed by the Board and had approved them subject to approval by the Dental Practice Act Committee and legal counsel.

Dr. Lee urged the Board members to seriously consider providing a mechanism whereby representatives of the laboratory industry and auxiliary personnel would serve as consultants to the Board. He noted that the Dental Practice Act Committee had recommended that this mechanism be established for better liaison between the Board and all areas of dentistry.

Dr. Osborne thanked the Board members for their participation in the meeting and for discussing the issues so frankly and honestly with the Executive Committee.

EXECUTIVE SESSION

Dr. Lee called the Executive Committee to order in executive session.

Payment to Board Attorney: The request by the Board that the Society pay half the total legal fees charged by the Board attorney, for services rendered to January 2, 1969, less \$400.00 for which the Board assumed full responsibility was considered. It was noted that this would obligate the Society for \$1,180.00.

The secretary-treasurer reported that the Society had paid \$150.00 in fiscal 1967-68 to the Board attorney for services included on his statement of January 2, 1969. If the Society agreed to pay \$1,180.00, then this would leave a balance of \$1,030.00 to be paid in fiscal 1968-69. He noted that the Dental Practice Act Committee had been allocated \$500.00 in the 1968-69 budget and that the excess \$530.00 would be allocated from the Contingent Fund, reducing the balance of this fund from \$895.00 to \$365.00.

Dr. Osborne moved that the Society pay half the total legal fee less \$400.00 charged by the Board attorney for drafting amendments to the Dental Practice Act, seconded by Dr. Johnson. Motion carried unanimously.

Revisions in Rules and Regulations: On motion by Dr. Osborne that the State Board of Dental Examiners be requested to consider revising its proposed rules and regulations pertaining to functions which may be delegated to a dental assistant by a dentist as follows:

- (1) Eliminate the preamble.
- (2) Delegate to the Dental Assistant I the taking of X rays, the application of topical fluorides, and the application of topical anesthetics.
- (3) Expanding the functions of the Dental Assistant II to include (a) changing and removing periodontal packs and surgical dressings; (b) preparing and making diagnostic study models upon which no prosthetic appliance shall be constructed; and (c) placing temporary cement and temporary fillings.
- (4) Include a statement of interest by the Board that the duties of the Dental Assistant II will be expanded in the future as approved training programs are developed and established.

Adjournment: On motion by Dr. Atwater, seconded by Dr. Kirkland, the meeting was adjourned at 5:25 p.m.

JOSEPH M. JOHNSON, D.D.S.
Secretary-Treasurer

PINEHURST, NORTH CAROLINA

May 11, 1969

Call to order: The Executive Committee convened in the Camellia Room of The Carolina in Pinehurst, Sunday, May 11, 1969, Dr. James H. Lee, chairman, called the meeting to order at 9:00 a.m. Dr. Osborne led in prayer.

Roll call: Committee members present: Drs. Colin P. Osborne, Jr., Frank G. Atwater, C. W. Poindexter, Joseph M. Johnson, James H. Lee, Lackey B. Peeler, C. Z. Candler.

Introduction of new chairman: Dr. Poindexter introduced Dr. C. W. Horton who will succeed Dr. Lee as chairman of the Executive Committee during the next administration.

Approval of Minutes: The minutes of February 7, 1969 and February 8, 1969 as corrected were approved on motion by Dr. Poindexter, seconded by Dr. Candler.

Financial Report: The Secretary-Treasurer's report of April 30, 1969 was received for information.

Contribution to AFDE: On motion by Dr. Osborne, seconded by Dr. Peeler, the Secretary Treasurer was authorized to pay \$100 to the American Fund for Dental Education as a contribution from the Society. It was noted that the budget for fiscal 1968-69 included this expenditure.

Honorary Membership: On motion by Dr. Osborne, seconded by Dr. Atwater, it was made a matter of record that as a result of a mail ballot circulated April 11, 1969, Dr. Kermit K. Knudtson of Chapel Hill was unanimously nominated to honorary membership in the Society. An appropriate resolution will be submitted to the House of Delegates.

Resolution on Dental Education: On motion by Dr. Osborne, seconded by Dr. Atwater, the following resolution is to be transmitted to the House of Delegates for its consideration:

Resolved, that the North Carolina Dental Society urge the State Board of Higher Education and the State Board of Education to establish a Joint Advisory Committee on Dental Education to coordinate the establishment and development of all dental education programs throughout the entire higher education system in North Carolina.

Request for Remission of Dues: A request from the Missionary Dentist, Inc., of Seattle, Washington, in behalf of Dr. Ernest E. Easley, Jr., of Burlington was considered. Dr. Easley spent the major portion of the last two years on the mission field in Ecuador. The Missionary Dentist, Inc., requested that his dues for that period be remitted or reduced because of financial difficulty experienced by Dr. Easley during his service as a voluntary missionary. Dr. Peeler moved that the Executive Committee inform Dr. Easley that the Executive Committee would look with favor in the future of waiving his state dues provided he worked in the mission field on a full time basis, but that the Executive Committee had no authority to remit state dues paid in the past, nor did the committee have any jurisdiction over the remission of district or ADA dues. Dr. Johnson seconded the motion and it was carried.

Smoking and Health: A request from the ADA was considered asking the Society to adopt a resolution on the health hazard of smoking. On motion by Dr. Candler, seconded by Dr. Poindexter, the request was postponed indefinitely.

N. C. Consumers Council: The committee considered an invitation to the Society from the North Carolina Governor's Council on Aging to become a member of the N. C. Consumers Council which had been organized to protect Senior Citizens from unethical business practices.

Dr. Osborne moved that the invitation be declined but that individual dentists be encouraged to support the program. Dr. Peeler seconded the motion and it was carried.

Advisory Committee on Beautification: An invitation to the Society to join the Governor's Advisory Committee on Beautification was considered. Dr. Atwater moved that the invitation be declined, but that dentists be contacted and be invited to join on an individual basis. Dr. Candler seconded the motion and it was carried.

Support of Habitual Offender Bill: A request from the Carolinas Association of Mutual Insurance Agents that the Society support SB-338 to provide maximum safety for the traveling public by removing habitual traffic offenders from the highways was considered.

Dr. Poindexter moved that dentists be asked to consider supporting this legislation on an individual basis. Dr. Atwater seconded the motion and it was carried.

Request from State Democratic Committee: A request for a contribution by the Society of \$25.00 in support of the Jefferson-Jackson Day Dinner from the State Democratic Executive Committee was considered. Dr. Candler moved that the request should interest individual dentists and that no contribution should be made by the Society. Dr. Peeler seconded the motion and it was carried.

Dues Increase: A report from the committee on Dues Increase appointed by the president was submitted by Dr. Poindexter, chairman. Other members of the committee were Drs. Atwater and Johnson.

The committee recommended that Society dues be increased from \$35.00 to \$55.00 and that an appropriate resolution be submitted to the House of Delegates.

Dr. Poindexter moved that the recommendation of the committee be approved. Dr. Peeler seconded the motion and it was carried.

President's Comments: Dr. Osborne informed the committee that he had submitted the names of the following dentists to the Governor for his consideration in appointing a dental member of the State Board of Health to succeed Dr. A. P. Cline, whose term expired this year: Dr. Charles T. Barker, New Bern; Dr. A. P. Cline, Canton; Dr. G. L. Hooper, Dunn. The committee went on record as approving this action by the president.

I. C. System, Inc.: Dr. Osborne presented Mr. Robert Bowman, a representative of I. C. System, Inc. Mr. Bowman proposed that the Society endorse and sponsor a collection system for individual dentists administered by I. C. System, Inc.

Dr. Osborne moved that the proposal be referred to the incoming Executive Committee. Dr. Candler seconded the motion and it was carried.

Personnel Policy: Dr. Poindexter moved that the Secretary-Treasurer with the assistance of the Executive Committee prepare a policy statement on the employment of Central Office staff members for the consideration of the Executive Committee. Dr. Osborne seconded the motion and it was carried.

Further Business: It was suggested that the Central Office furnish Executive Committee members with indexed binders for their convenience in safe keeping minutes and communications and that all material sent to them in the future be pre-punched for inclusion in the binder.

Appreciation: It was noted that Dr. Peeler's term in the Executive Committee expired with this meeting. Dr. Lee thanked Dr. Peeler for three years of devoted service and expressed the appreciation of the committee for his counsel and interest in Society affairs while serving on the committee.

Adjournment: The meeting was adjourned at approximately 12:30 p.m.

JOSEPH M. JOHNSON, D.D.S.
Secretary-Treasurer



The 1969 House of Delegates in session

Committee Reports

STANDING AND SPECIAL
(In alphabetical order)

ANNUAL SESSION COMMITTEE

General chairman—HAROLD E. MAXWELL

Arrangements — M. L. CHERRY

Clinic—JACK E. SILVERS

Entertainment—C. R. VANDERVOORT

Banquet—W. HARRELL JOHNSON

Dance—JAMES C. CULBREATH, JR.

Commercial Exhibits—
JAMES E. FURR

Scientific Exhibits—
HENRY V. MURRAY, JR.

Hospitality—J. B. FREEDLAND

Liaison to Auxiliary—
L. P. MEGGINSON, JR.

Monitor—BENNY W. MARTIN

Necrology—ROBERT T. BYRD

Program—J. HARRY SPILLMAN

Publicity—L. P. MEGGINSON, JR.

Reception—MAURICE B. RICHARDSON

Sports: R. B. TAYLOR

Visual Education—
HARRY SPILLMAN

Meetings: The Annual Session Committee met December 6, 1968, at the Velvet Cloak Inn, Raleigh, North Carolina. All members of the Annual Session Committee were present or submitted their reports by mail.

On December 7, 1968, the reports were presented to the Executive Committee.

Responsibility: The General Chairman has endeavored to develop a program format and to co-ordinate the activities of the Annual Session Committee for the fulfillment of the program format. He has acted as a liaison between the President and the Annual Session Committee.

Arrangements: The Executive Secretary's office has completed many of the responsibilities of the Arrangements Committee. Hotel application forms were mailed to members from the Central Office. Arrangements for assigning space for the various meetings and allied organizations have been made. Properties required by the essayists will be secured,

the employment of a projectionist and stenotypist has been completed, and the needed signs, sound systems, and coffee for breaks will be provided. Registration supplies, registrars, and printed hand programs have been obtained. Floor managers have been appointed. The Executive Committee approved an appropriation of \$2,760.

Clinic: The Clinic Committee has arranged for 28 table clinics to be presented in the Cardinal Ballroom, Wednesday, May 14 from 9:00 - 1:30 a.m. All clinicians have been informed of the date, place, and time the table clinics will be presented. An appropriation of \$95 has been approved.

Sports: An 18-hole Golf Tournament is planned for Sunday, May 11 beginning at 8:00 a.m. at the Pinehurst Country Club. Awards to winners will be presented Tuesday night at the banquet. An appropriation of \$100 has been approved.

Necrology: A Necrology Service will be held at the close of the General Session on Sunday night, May 11. An appropriation of \$65 has been approved.

Monitor: Monitors have been assigned to all Scientific and General Sessions. Duties and hours have been mailed to each monitor. No appropriation was requested.

Publicity: The services of an experienced member of the press will be employed to handle all publicity prior to and during the meeting in Pinehurst. An appropriation of \$360 has been approved.

Commercial Exhibits: The commercial exhibits will be displayed in the Exhibit Hall. The 76 booths on the main floor are priced at \$130 and the 15 booths in the lobby are priced at \$120. This will produce \$11,680 in total revenue, an increase of \$490 over last year. A social hour in the Pine Room for the exhibitors is scheduled at 5:00 p.m. on Monday, May 12. This is an excellent way to encourage exhibitors to return year after year. Door prizes will be awarded at the close of the Third General Session on Wednesday.

Shepard Decorating Company of Atlanta has been retained to decorate the booths at \$9.25 per booth. The total cost this year will be \$867, including tax. The Carolina will charge \$600 for the use of the Exhibit Hall.

The Commercial Exhibits will be open on the following schedule: Sunday, May 11 from 2:00 p.m. to 6:00 p.m.; Monday, May 12 from 9:00 a.m. to 5:00 p.m.; and Tuesday, May 13 from 9:00 a.m. to 5:00 p.m.

Hotel accommodations in The Carolina will be available to the representatives of the exhibiting companies.

An appropriation of \$2,195 has been approved.

Scientific Exhibits. Nine organizations will present scientific exhibits in the Cardinal Lobby and Dogwood Room. An appropriation of \$25 has been approved.

Programs: The Program Committee has arranged an excellent and informative program. The Clinicians are: Dr. Galen W. Quinn, Duke Medical Center, Durham; Dr. W. W. Dolan, Coral Gables, Florida; and Dr. Ralph W. Phillips, University of Indiana School of Dentistry, Indianapolis, Indiana.

One half-hour of scientific films selected by the Program Committee will be shown prior to each scientific service on Monday and Tuesday.

An appropriation of \$1,860 has been approved.

Hospitality: Arrangements have been made to meet, greet and facilitate the visits of all honored guests attending our meeting in Pinehurst.

All essayists, visiting dignitaries, and their wives will have assigned hosts and hostesses.

An appropriation of \$30 has been approved.

Entertainment: The following events have been scheduled for the entertainment of members and guests:

On Sunday at 5:30 p.m. a lawn party is planned, sponsored by the Auxiliary and underwritten by the Society up to \$375.

On Tuesday at 5:30 p.m. in the Cardinal Ballroom there will be an informal reception, followed by the Annual Banquet at 7:00 p.m. in the dining room, special entertainment by the Raleigh Chapter of the Society for the Preservation and Encouragement of Barber Shop Quartet Singing in America, Inc., at 8:30 p.m. and a dance at 9:00 p.m. with music by the Forest Lake Sextet.

An appropriation of \$1,550 has been approved.

House of Delegates. An appropriation of \$360 has been approved to cover the expenses of the House of Delegates.

Resolutions

This report is informational in nature and no resolutions are presented.

CONSTITUTION AND BYLAWS COMMITTEE

THOMAS G. NISBET, *chairman* (1970)

G. SHUFORD ABERNETHY (1973)
D. T. CARR (1969)

J. HENRY LIGON, JR. (1972)
C. P. GODWIN (1971)

Vacancies in Office: Upon the untimely death of the Secretary-Treasurer last May, it was discovered that the *Constitution and Bylaws* did not specifically provide for filling vacancies in all the elective offices of the Society. Therefore, an appropriate resolution amending the *Bylaws* is submitted for the consideration of the House of Delegates. The committee feels that the proposed amendment will remedy the situation.

Members Elected after July 1: At its meeting December 6, 1968, the Executive Committee voted to request the Constitution and Bylaws Committee to prepare and submit to the House of Delegates an amendment to the *Constitution and Bylaws* which would provide that active members who are elected to active membership for the first time, and who are elected after July 1, shall pay one-half of the current year's dues. It was noted that the *Bylaws* of the American Dental Association include this provision. In compliance with this request an appropriate resolution is submitted at the end of this report. The committee recommends that if this amendment is adopted, the Districts should be requested to consider a similar amendment to their *Bylaws*.

Reimbursement of Officers and Delegates: On December 7, 1968, the Executive Committee voted to recommend that the House of Delegates consider amending the Bylaws to provide that ADA delegates be paid one day's reimbursement when overnight stay is essential to prompt attendance at an opening meeting and one day's per diem be paid when such stay is essential because of late adjournment.

The committee is in agreement with this proposed amendment. However, the committee feels that this policy of reimbursement should also extend to official representatives designated by the President to represent the Society.

The committee also suggests that consideration should be given to reimbursement of officers, committee chairmen, and committee members for out-of-pocket expenses incurred in the proper execution of their duties.

Further, the committee feels that the rate of reimbursement should not be specified in the *Bylaws*, but that the Executive Committee should be authorized to establish policy for reimbursement and determine the amount to be paid. The committee points out that the Executive Committee is charged with the administration of Society business when the House of Delegates is not in session. Therefore, the Executive Committee is informed on the financial condition of the Society and can use its discretion in determining what amount may be properly allocated in the budget for reimbursement of out-of-pocket expenses incurred by officers, delegates, alternates, committee members, and committee chairmen.

An appropriate resolution is submitted at the end of this report.

Membership for Full-Time Educators: On February 7, 1969, the Executive Committee voted to amend the *Constitution and Bylaws* to permit full-time educators in dental schools and employees of federal and state agencies who are licensed in another state to be eligible for active membership in the Society and directed the Constitution and Bylaws Committee to prepare appropriate amendments for submission to the House of Delegates.

In compliance with this directive an appropriate resolution is submitted at the end of this report.

Transfers: The Central Office has informed the committee that when members transfer from one district to another district, or from another constituent of the ADA, the current policy is to exempt them from dues or the remainder of the calendar year. While the committee is in agreement with this policy, the committee feels that it is a liberal interpretation of the *Bylaws* and that the *Bylaws* should be amended to specifically reflect this policy. An appropriate resolution is submitted at the end of this report.

Dental Care Programs Committee: In 1968 the House of Delegates amended the *Bylaws* to provide a Dental Care Programs Committee as follows:

Section 7. Dental Care Programs Committee. This committee shall consist of 15 members, 3 from each District Society, 3 members appointed by the President for terms of 5 years, 4 years, 3 years, 2 years and 1 year respectively, and thereafter 3 members shall be appointed annually for terms of 5 years.

It was the feeling of the House that dental prepayment programs were multiplying and that the Dental Care Programs Committee should include sufficient members to adequately take care of the anticipated work-load.

However, in actual practice the 15-member committee has proven difficult and unwieldy from an administrative standpoint. Therefore, the Constitution and Bylaws Committee recommends that the Dental Care Programs Committee be reduced to 5 members, one from each district, with staggered terms of 5 years each.

Section 3 of the *Bylaws* provides that a standing committee may appoint subcommittees. If the work-load of the Dental Care Programs Committee requires more manpower, then sub-committees could be appointed where needed.

An appropriate resolution is submitted at the end of this report.

Revision of Constitution and Bylaws. The committee reminds the House that the last revision and printing of the *Constitution and Bylaws* occurred in 1962. During the past 7 years, many amendments have been adopted. The committee recommends and urges that a complete revision of the *Constitution and Bylaws* be prepared for consideration of the House in 1970 and that it then be printed.

Resolutions

1. **Resolved**, that Article I of the *Bylaws* be deleted and the following be substituted therefor:

ARTICLE I—DUTIES OF OFFICERS

Section 1. The President shall preside at all meetings of this Society, preserve order, regulate debates, and appoint standing committees as provided in Article VII of the *Constitution*, and such other committees as may be deemed necessary. He shall give deciding vote on all ties except in election of officers, when he shall have the same voting power and privileges as other members; call special meetings upon written request of a majority of the officers of the Society, including the Executive Committee and the Ethics Committee, and perform such other duties as may from time to time be assigned to him, and shall deliver an address at the opening session of the next annual meeting after assuming office. The recommendations which will be presented in the President's Address must be submitted by him to the Committee on the President's Address and to all members of the House of Delegates at least 15 days prior to the Annual Meeting.

Section 2. The President Elect shall automatically become President upon the installation of officers at the next annual meeting after his election as President-Elect. He shall serve as Director of Districts.

Section 3. The Vice President shall assist the President as requested. He shall succeed to the office of President as provided in this Article of the *Bylaws*.

Section 4. The Secretary-Treasurer shall keep an accurate record of the proceedings of the meetings of the Executive Committee. He shall notify all officers and committeemen in writing of their election or appointment. He shall take charge of all letters and communications addressed to the Society and conduct its correspondence. He shall give due notice of the time and place of all annual and special meetings of the Society and of any committee when so requested by the President or committee chairmen.

He shall be responsible for the collection of dues owed to the district societies, the North Carolina Dental Society and the American Dental Association. He shall send to the Secretary-Treasurer of the district societies monies collected for district dues from their members. He shall transmit to the General Secretary of the American Dental Association all monies collected for dues to the American Dental Association, plus one dollar (\$1.00) per active member to the American Dental Association Relief Fund. He shall settle all debts of the Society upon approval of the President.

He shall give bond in the amount of \$25,000.00 in a surety company licensed to do business in North Carolina, said bond to be at the expense of the Society, provided that the amount of said bond may be changed at the discretion of the Executive Committee, and that the Chairman of the Executive Committee be designated as custodian of said bond.

He shall serve as custodian of the Trust Property of the North Carolina Dental Society Relief Fund under the direction of its Trustees consistent with the Trust Indenture and the rules and regulations adopted thereunder.

The out-going Secretary-Treasurer shall make a detailed report of the financial affairs of the North Carolina Dental Society at the annual meeting of the Society for the year immediately preceding. He shall make an additional final report to the Executive Committee within thirty days after the annual meeting, this to be published in the Proceedings. The books, vouchers, checks, stubs, and all papers having to do with the finances of the Society shall be delivered to the outgoing Executive Committee, who shall have them audited by a licensed C.P.A. at the expense of the Society and delivered to the incoming Executive Committee within two months from the adjournment of the annual meeting.

Section 5. The Editor-Publisher shall publish the annual proceedings within five months following the annual meeting, at least two JOURNALS,

and any other notices and publications the Executive Committee may deem necessary. He shall make a detailed report of the affairs pertaining to the publication of the JOURNAL at the annual meeting of the North Carolina Dental Society for the year immediately preceding. He shall make an additional final report to the Executive Committee within thirty days after the annual meeting, this to be published in the Proceedings. The original records will be available for inspection by the Executive Committee whenever requested.

Section 6. In the event the office of President becomes vacant, the Vice President shall become President for the unexpired portion of the term.

In the event both the offices of President and Vice President become vacant, the President-Elect shall become President for the unexpired portion of the term, after which he shall serve a full term as President.

In the event the office of President-Elect becomes vacant, the President for the ensuing year shall be elected at the next annual session of the Society in accordance with Chapter IX of the *Bylaws*.

A vacancy in the office of the Vice President or in the office of the Secretary-Treasurer shall be filled for the unexpired portion of the term by a majority vote of the Executive Committee.

2. Resolved, that Article VI of the *Bylaws* be amended by adding a section to read as follows:

Section 11. Active members elected to active membership in this Society for the first time and who are elected after July 1 shall be exempt from dues for the remainder of the calendar year. However, they may voluntarily pay one-half (1/2) of the current year's dues.

(Note. If the above amendment is adopted, it should be recommended that the Districts amend their *Bylaws* accordingly.)

3. Resolved, that Article XII of the *Bylaws* be amended by deleting section 2 and substituting the following therefor:

Section 2. The Executive Committee may reimburse delegates and alternate delegates to the American Dental Association, official representatives designated by the President to represent the Society at meetings and conferences, officers, and committee chairmen and members for out-of-pocket expenses incurred in the proper execution of their duties.

4. Resolved, that Article III, Section 2, of the *Constitution* be amended by deleting the entire first paragraph, and substituting the following therefor:

Section 2. Active membership shall consist of members of the dental profession who are licensed to practice in the State of North Carolina, or who are licensed in another state and are employed on a full time basis as an educator in a dental school or as a dental officer by a Federal or State agency and who are members in good standing of a district or component society, of creditable professional attainments and of good moral character, having zeal for the profession and a proper regard for the varied obligations due from one member of the profession to another. Election to membership in a district or component society constitutes membership in the North Carolina Dental Society.

5. Resolved, that Article VI of the *Bylaws* be amended by adding a section to read as follows:

Section 12. Members in good standing of another constituent society who transfer their membership to this Society shall be exempt from dues for the remainder of the calendar year in which they are elected to active membership in this Society.

6. **Resolved**, that Article II of the *Bylaws* be amended by deleting Section 7 and substituting the following therefor:

Section 7. Dental Care Programs Committee. This committee shall consist of five members, one from each District Society, appointed by the President for terms of five years, four years, three years, two years, and one year respectively, and thereafter one member shall be appointed annually for a term of five years.

The duties of this committee shall be:

(a) To formulate and recommend policies relative to the planning administration, and financing of dental care programs.

(b) To study, evaluate, and disseminate information on the planning administration, and financing of dental care programs.

(c) This committee or a sub-committee of this committee shall serve as a review committee for dental care programs.

DENTAL CARE PROGRAMS COMMITTEE

EDWARD U. AUSTIN, *chairman* (1969)
WALTER H. FINCH, *vice chairman* (1972)

MOTT P. BLAIR (1971)

R. A. DANIEL, JR. (1973)

THOMAS S. FLEMING (1973)

CLEVELAND FLOYD (1969)

M. M. FORBES (1970)

S. O. GAY (1971)

JAMES E. GRAHAM, JR. (1969)

GLENN L. HOOPER (1972)

JAMES B. HOWELL (1971)

E. SMITH JEWELL (1973)

FRANKLIN E. MARTIN (1970)

GENE L. REESE (1970)

S. BYRON TOWLER (1972)

W. G. WARE, JR. (1969)

The Dental Care Programs Committee has been divided into four Sub-Committees with membership as follows:

State Agencies: Walter H. Finch, Jr., Chairman; M. M. Forbes, James E. Graham, Jr., E. Smith Jewell, Glenn L. Hooper, Mott P. Blair, Cleveland W. Floyd.

Review: James B. Howell, Chairman; Gene L. Reese, R. A. Daniel, Jr.

Blue Shield: Franklin E. Martin, Chairman; W. G. Ware, Jr., E. U. Austin, S. P. Gay, P. C. Purvis, Thomas S. Fleming.

Industrial Commission: S. Byron Towler.

Each Sub-Committee Report will be presented separately at the time of the preparation of this report. No report has been received from the Industrial Commission Committee.

Resolutions

This report is informational in nature and no resolutions are presented

DENTAL CARE PROGRAMS COMMITTEE

Supplemental Report 1

The Committee recommends approval of the following statement:

Use of Claim Forms By State Agencies

The North Carolina Dental Society strongly recommends to the State Department of Administration that all state agencies use the same dental

aim form when purchasing dental care from the private practicing dentist.

We further recommend that this form be used for prior authorization (when necessary), as a treatment record, and for billing purposes.

The design of the form should be similar to the one that was developed for all state agencies (DH-11) in the fall of 1967. This form has been acceptable to the dentists of North Carolina.

Resolutions

29. Resolved, that the statement *Use of Claim Forms by State Agencies* be approved and be it further,

Resolved, that a copy of the statement be forwarded to the State Department of Administration.

DENTAL CARE PROGRAMS COMMITTEE—APPENDIX NO. 1 SUB-COMMITTEE ON STATE AGENCIES

WALTER H. FINCH, JR., *chairman*

M. M. FORBES
E. SMITH JEWELL
MOTT P. BLAIR

JAMFS E. GRAHAM, JR.
GLENN L. HOOPER
CLEVELAND W. FLOYD

Meetings: The Committee held no formal meetings.

Activities: So far as this Committee has been able to learn, the dental care programs administered by the various State Agencies are operating satisfactorily.

Of interest to all dentists of the state is the schedule of expanded services allowed O.A.A., M.A.A., and A.P.T.D. recipients. This Committee feels that this expanded program will encourage the dentists of this state to co-operate in an effort to render more comprehensive care to these recipients.

Resolutions

This report is informational in nature and no resolutions are presented.

DENTAL CARE PROGRAMS COMMITTEE—APPENDIX NO. 2 SUB-COMMITTEE ON REVIEW

JAMES B. HOWELL, *chairman*

R. A. DANIEL, JR.

GENE L. REESE

Meetings: A meeting was held in October, 1968, with representatives of the Health Insurance Council of North Carolina. Their assurance of full cooperation in establishing a review committee was received.

A meeting was held on November 23, 1968, in Greensboro, North Carolina. The preliminary draft of policies and procedures of the committee was approved. Final approval was attained later by mail. A copy is attached to this report.

Resolutions are proposed at the end of this report as a supplement to resolutions passed in 1967. These resolutions will extend the duties of this committee so that it can effectively function in review of dentist and third party payment transactions.

Resolutions

7. **Resolved**, that the Dental Care Programs Committee determine the relevancy of the usual, customary and reasonable fee for treatment procedures to the terms of the contract.

8. **Resolved**, that the Review Committee represent the Society in an advisory capacity to the Insurance Commission of the State of North Carolina in dental health insurance matters.

POLICIES AND PROCEDURES REVIEW COMMITTEE NORTH CAROLINA DENTAL SOCIETY

Purpose: The function of the North Carolina Dental Society Review Committee is to determine the relevancy of the usual, customary, and reasonable fee of treatment procedures to the terms of the contract. The functions shall not include setting fees, determining practice or interfering in the dentist-patient relationship.

The Review Committee shall also represent the Society to the state of North Carolina Insurance Commission in an advisory capacity on dental health insurance matters.

Guidelines for Review Committee

1. The Review Committee shall be a permanent subcommittee of the Dental Care Programs Committee of the North Carolina Dental Society.

2. The Committee shall be composed of six members with three year staggered terms, which would require appointment of two members each year. Their appointment would be made by the president of the North Carolina Dental Society and should represent all districts. No member shall serve more than two consecutive terms on the committee. This committee should at all times consist of three general practitioners and three men of varied specialties as recognized by the American Dental Association. Consultants of specialties not represented on the committee should be present in any cases involving their field. Four members would constitute a quorum.

3. The committee shall consider problems submitted by dentists and third party agencies after the following criteria has been established:

- (a) A problem exists.
- (b) The case is not in litigation.
- (c) All benefits have not been paid.
- (d) Treatment was completed less than one year before referral.
- (e) Every effort has been made to solve the problem prior to referral.

4. The committee shall not be vested with disciplinary authority.

5. The committee should have as consultants representatives of third party agencies and the state Health Insurance Council. Representative members of the involved third party should be present as consultants during review sessions.

6. The committee shall provide information as to purposes and functions to all members of the sponsoring Society and interested third party agencies.

7. The committee shall not review differences between patients and dentist. These cases and quality of care considerations shall be referred to the proper committee of the Society.

8. All cases will be submitted initially to the State Review Committee. It is anticipated that component review committees will be organized later and that most of the cases will be referred for their review.

9. The Review Committee shall at all times endeavor to be completely impartial in the discharge of their duties.

10. Any dentist who is a member of a review committee must dis-

qualify himself during the consideration of his case and the chairman shall appoint a suitable, temporary substitute to serve in his stead at his time.

11. Members of review committees and consultants shall maintain in strict confidence all information received in the course of their duties.

Submission Procedures for Review

1. The third party agency or the dentist must submit in writing to the chairman of the State Review Committee duplicate copies of the case on the proper forms and include all supporting documents. This should include all information concerning complications or unusual circumstances. The information form must be signed by a claim manager or submitting dentist and submitted through the Executive Secretary of the North Carolina Dental Society.

2. The third party agency or dentist who submits the case to the Review Committee shall agree to abide by the decisions of the Review Committee.

3. All parties must recognize that there is no published schedule of "usual" or "customary" charges adopted by the North Carolina Dental Society.

4. The third party agency may notify the patient that there may be a delay in payment of the claim but must not indicate that the case has been referred to the Review Committee until the committee findings and determinations have been officially reported.

5. The attending dentist shall be notified of the submission of his case to the Review Committee by the Chairman and be given two weeks to submit to the Committee additional information in writing or to indicate his desire to appear personally with additional information before the Committee. He shall not remain with the committee during their final consideration.

6. Decision of the committee shall be submitted simultaneously to the dentist and the third party agency.

7. The third party agency will process the claim for payment within fourteen days after notification of the findings of the Review Committee unless an appeal is filed.

8. An appeal from the component review board may be filed to the State Review Committee.

DENTAL CARE PROGRAMS COMMITTEE—APPENDIX NO. 3 BLUE SHIELD SUB-COMMITTEE

FRANKLIN E. MARTIN, *chairman*

E. U. AUSTIN
W. G. WARE, Jr.

S. P. GAY
P. C. PURVIS

T. S. FLEMING

Meetings: The Committee held meetings on September 13, 1968, November 15, 1968, December 6, 1968, January 5, 1969, and February 7, 1969.

Assignments: The 1968 House of Delegates adopted the following duties for this sub-committee (Trans. 1968:80)

a. To formulate and recommend policies relative to the planning, administration, and financing of dental care programs.

b. To study, evaluate, and disseminate information on the planning, administration, and financing of dental care programs.

c. This committee or a sub-committee of this committee shall serve as review committee for dental care programs.

Results of Study: After many hours of study, joint meetings, and

consultation, the Blue Shield sub-committee recommended that the Executive Committee of the North Carolina Dental Society approve the following documents of the North Carolina Blue Cross-Blue Shield, Inc.

1. Pre-payment Dental Benefits Certificate (with latest revisions)
2. Dental Claims Form
3. The Statement of Understanding (which is to be signed by the President of our North Carolina Dental Society after affirmative advice of Society's legal counsel.)

Resolutions

This report is informational in nature and no resolutions are presented.

DENTAL CARE PROGRAMS COMMITTEE—APPENDIX NO. 4 INDUSTRIAL COMMISSION SUB-COMMITTEE

S. BYRON TOWLER, *chairman*

A revision of the dental fee and services schedule pertaining to the North Carolina Workman's Compensation Act became effective August 1, 1967. There have been no changes since that date.

This committee has not held a formal meeting.

Resolutions

This report is informational in nature and no resolutions are presented.

DENTAL EDUCATION COMMITTEE

C. W. SANDERS, *chairman*

R. B. BARDEN
RALPH D. COFFEY

RILEY E. SPOON
GUY R. WILLIS

Meetings: The committee held no formal meetings during the past year.

Activities: Individual members have been active in various areas where they were able to confer and lend assistance to the School of Dentistry, the Dental Hygienists and Dental Assistants organizations.

New Curriculum: Dean Bawden reports that the major activity at the School of Dentistry during the past year has been a complete revision of the D.D.S. curriculum. According to Dean Bawden, "This study has been under way for over two years and will result in entering of the 1969 freshman class on the new course of study. The importance of this activity cannot be over-emphasized since it is an absolute necessity that the school adapt its programs to the changing patterns of society, the dental profession, and the health industry in general. As definitive planning proceeds, it is apparent that the new curriculum will be a marked departure in concept and detail from the curriculum the school has employed through the first 19 years of its operation. These changes are designed to better correlate the basic sciences with each other and with the clinical sciences, to introduce the student to the patient much earlier in his career, to place the emphasis on care of the patient in a comprehensive way rather than the performance of individual unrelated procedures, to emphasize the dentist's responsibilities to his community and his profession, and to provide the student with more flexibility in the curriculum and opportunity for independent study and thought. The curriculum study has been under the supervision of Dr. Don L. Allen who serves as Chairman of the Curriculum Committee, and with major support from Dr. Bennie D. Barker, assistant dean for academic affairs. These two men, along with the Curriculum Committee and the faculty

...large have done a superb job and the results are receiving nationwide attention."

New Education Wing: The new Dental Education Wing will be occupied in May 19 and dedicated on October 19 of this year. This fine new building will provide desperately needed facilities to relieve conditions of severe overcrowding in the present school and permit the school to expand and develop numerous programs. When the building is completed the physical plant directly available to the School of Dentistry will have increased from 52,000 sq. ft. in the original school to somewhat over 100,000 sq. ft., including the Dental Research Center and the new Dental Education Wing.

Resignation of Dr. Demeritt: After long and outstanding service as assistant dean for administration with the School of Dentistry, Dr. W. W. Demeritt, Jr. submitted his resignation from that position due to a prolonged and serious illness. Effective February 1, 1969, Dr. Don L. Allen was appointed to succeed Dr. Demeritt as assistant dean. Nearly all dentists in North Carolina are familiar with the dynamic leadership and outstanding contributions Dr. Demeritt has given to the school and the dental profession in this state. We look forward to his recovery and eventual return to our faculty where he can lend his talents in a number of areas of special interest to him. The school is indeed fortunate to have Dr. Allen available to assume this important position, and we are entirely confident that his services in this regard will be a tremendous asset to our operations.

Regional Medical Program. Development of the Regional Medical Program Dental Project promises a new dimension in our continuing education programs directed toward dentistry in the community hospitals. Dr. Don Marbury has been director of this project and has done an excellent job. This is the first and only dental program funded under the Regional Medical Program.

Teacher Education: The Dental Auxiliary Teacher Education Program designed to provide qualified teachers to community college and technical institute programs in the dental auxiliary fields is continuing to proceed in its development. The major problem has been in student recruitment and Miss Alberta Beat, the director, and her staff are undertaking intensive recruiting efforts in the next few months to secure an adequate number of qualified applicants.

Hospital Dental Service: September 1, 1968, Dr. B. W. Webster was appointed Director of the Hospital Dental Service. Establishment of this service is an effort to correct one of the major deficiencies in the schools.

Resolutions

This report is informational in nature and no resolutions are presented.

DENTAL EDUCATION COMMITTEE—APPENDIX NO. 1 SUB-COMMITTEE ON CONTINUING EDUCATION

GUY R. WILLIS, *chairman*

BENNIE D. BARKER
KEITH L. BENTLEY
GLENN F. BITLER
FRANK H. DANIEL
WADE H. BREELAND

DAVID H. FRESHWATER
FREDERICK G. HASTY
ROBERT W. HOLMES
WALTER T. MCFALL, JR.
LACKEY B. PEELER

JAMES A. PRIVETTE

The Committee on Continuing Education has held no formal meetings in the past year. However, the Survey of Practicing Dentists in North

Carolina was not completed until December 1968. The committee believes that it will be in a position to make more definitive recommendations to the North Carolina Dental Society once these data are analyzed and the reports on that study are completed.

At the present time, the School of Dentistry is developing these reports. A general outline of the material to be included is as follows:

- I. Purpose, scope and objectives.
- II. Brief summary of major findings.
- III. Major findings.
- IV. Conclusions and recommendations.

It is recommended that this committee be continued during 1969-70 in order to complete this study and bring forth appropriate resolutions to the House of Delegates of the North Carolina Dental Society.

Resolutions

This report is informational in nature and no resolutions are presented

DENTAL EDUCATION COMMITTEE—APPENDIX NO. 2 SUB-COMMITTEE ON DENTAL ASSISTANTS

WILLIAM H. OLIVER, *chairman*

WILLIAM A. MYNATT
M. W. ALDRIDGE
BURKE W. FOX

HENRY S. ZAYTOUN
JOHN N. DENNING
ZYBA K. MASSEY

Two meetings were held, other than individual members attending District meetings and giving talks. On July 20, 1968, the committee met at Wayne Community College in Goldsboro and on December 7, 1968, at Velvet Cloak Inn, Raleigh.

A poll conducted at each District meeting and answered only by the dentists attending, indicate they favor their dental assistants doing the following:

1. Taking impressions for study models.
2. Permitting the assistant to polish an amalgam restoration.
3. Remove excess cement from crowns, inlays, etc.
4. Permit them to place dressings, temporary cements and temporary fillings.
5. Removal of sutures.
6. Permit the assistant to change and remove periodontal packs.
7. Change dressings after surgery.
8. Application of topical medications.
9. Permit the placement of rubber dams.
10. Perform a pumice prophylaxis.

It was resolved to work in close harmony with the directors of the dental departments in the Community Colleges.

The committee recommends that the Dental Practice Act Committee:

1. Consider the results of the poll taken at the five (5) District meetings concerning the role of the dental assistant under the Dental Practice Act.

2. Encourage and make available evening extension to dental assistants who were not fortunate enough to have formal education and thus become certified when they prove they are qualified.

DENTAL EDUCATION COMMITTEE—APPENDIX NO. 3 SUB-COMMITTEE ON DENTAL HYGIENISTS

M. W. CARPENTER, *chairman*

J. HARRY SPILLMAN
CHARLES A. REAP, JR.

CHARLES T. BARKER
J. HENRY LIGON, JR.

Meetings: The committee held no meetings.

Assignments: The 1968 House of Delegates adopted the following resolutions (Trans. 1968: p. 85)

12-1968-H. Resolved, that the House of Delegates of the North Carolina Dental Society recommend that dentists compensate dental office auxiliary personnel on a salary basis rather than by commission.

13-1968-H. Resolved, that no additional schools of dental hygiene be activated for the coming year in order that we may concentrate our efforts on improving those programs now underway.

Actions: During the past year the teacher training course for Dental Hygienists (and Dental Assistants) was started at U.N.C. The present number enrolled in this course is six. (3 in Dental Hygiene and 3 in Dental Assistance) The purpose of this course is to train persons to teach in the community college dental hygiene schools and in dental assistance classes.

The University is planning to expand its course in regular dental hygiene to 30 students in September 1969 — 45 students in September 1970 — and 60 students in September 1971.

It is the feeling of this committee that with the above expansion at the U.N.C. School of Dentistry and our continuing programs at Charlotte, Jamestown and Goldsboro, the shortage of dental hygienists in North Carolina is gradually diminishing.

The greatest need presently appears to be in the area of recruitment. All dentists across the state should talk with high school senior girls to acquaint them with these programs and encourage more qualified applicants to apply to the four institutions. It is squarely up to all dentists throughout the state to assume a greater responsibility in urging prospective students to choose dental hygiene as a career.

Resolutions

9. Resolved, that the House of Delegates encourage a more active participation of all dentists to acquaint qualified high school students with Dental Hygiene so that all of our schools may keep their programs filled to capacity.

9. Resolved, that dentists be urged to encourage qualified high school students to pursue a career in dental hygiene, and thereby keep all our schools of dental hygiene filled to capacity.

DENTAL HEALTH COMMITTEE

FRANCIS A. BUCHANAN, *chairman*

WILLIAM H. PRICE
J. FRED SPROUL

E. A. PEARSON, JR.
W. ROBERT CAVINESS

Meetings: No formal meetings were held. All assignments were made by mail or by telephone.

N. C. Health Council: Doctors Price, Caviness and Pearson attended

the annual meeting of the N. C. Health Council. The following is the report submitted by Dr. Price:

The annual meeting of the North Carolina Health Council met in Durham in January. A comprehensive review of all government programs affecting medical and dental was presented. Representatives of all health professions in North Carolina were present as well as various voluntary organizations.

Federal programs were discussed in length as related to what is happening in North Carolina. Our state is fortunate in receiving a good comparative percentage of all federal funds for research at the three medical schools and the dental school. While this is a general meeting in nature, it is informative and relates to dental efforts. A representative of the North Carolina Dental Society should attend this meeting annually. Dr. E. A. Pearson, Jr., also attended as a representative of the State Health Department.

N. C. Academy of Science: Again this year the Dental Health Committee approved the \$100.00 budgeted for the N. C. Academy of Science to support the science fair programs throughout the state.

Career Day: The U.N.C. School of Dentistry scheduled its annual career day for prospective dental students, dental hygiene students and dental assistant students on March 15. The Central Office sent out application forms along with its regular newsletter. However, the event was cancelled because of a lack of applicants. Only 13 applications were received.

Dental Health Division: The annual report from Dr. E. A. Pearson, Director of the Dental Health Division of the N. C. State Board of Health, is attached.

Resolutions

This report is informational in nature and no resolutions are presented.

SUMMARY REPORT*

DIVISION OF DENTAL HEALTH NORTH CAROLINA STATE BOARD OF HEALTH

June, 1968-June, 1969

Comprehensive Planning: The Division of Dental Health and the North Carolina Dental Society continued to cooperate with the Department of Administration by providing consultation and statistical information related to the development of a dental program under Title XIX. The Advisory Budget Commission has recently recommended to the General Assembly a Title XIX program which, if enacted, will increase funds available for the dental care of categorical and dentally indigent welfare recipients from the present 1.5 million to 11.2 million dollars per year. The Dental Care Committee of the North Carolina Dental Society endorsed the recommended program in testimony before the joint Senate-House Appropriations Subcommittee on Health, Welfare, and Institutions, and further recommended that the dental program provide adequate dental care from the beginning, with a system of quality control; reimbursement of dentists on a usual, customary and reasonable fee basis; competent planning and administration by a dentist; and positive identification of eligible recipients to eliminate duplication of services.

Residency Training: The Council of Dental Education of the American Dental Association informed the Division of Dental Health that its residency training program has been granted full approval. The program is now listed under "Accredited Advanced Dental Education Programs for

the Preparation of Specialists." One dentist completed the 12-month residency training program during this year, and the next candidate will begin training in the summer of 1969.

Continuing Education: A four-day conference for North Carolina dental public health workers was held in Southern Pines during September, 1968. Selected members of the Dental Health Division staff attended continuing education courses on the Prevention and Control of Dental Caries, Principles of Public Health for Dentists and Hygienists, and Research Design, held at the School of Public Health, University of North Carolina at Chapel Hill.

Consultant Service: The State Board of Health formed six health regions in North Carolina in order to make uniform the areas covered by each program consultant and to bring consultant services closer to the recipients.

Staff members of the Dental Health Division served as consultants to both official and non-official groups which included federal, state, and county agencies; voluntary agencies; professional societies; and agencies providing dental care programs sponsored through the Office of Economic Opportunity, Migrant Labor, etc.

for submission to the Council on Dental Health, N.C.D.S. for inclusion in its 1969 report to the House of Delegates, May, 1969.

Education, Diagnosis, and Treatment: During the year ending December 31, 1968, the staff dentists of the Dental Health Division presented classroom lectures about dental health to 98,398 school children. They provided a dental screening for 105,053 school children, referred 27,757 children to private-practicing dentists, and rendered preventive and corrective dental care to 17,102 children who were judged to be dentally indigent.

The special summer program using senior dental students to provide dental services to underprivileged children under the supervision of a staff dentist resulted in the provision of services to 2,138 children as well as providing a unique educational experience for the 15 dental students who participated in the program.

The Little Jack Puppet Show was presented 367 times to a total of 04,478 children.

Fluoridation: Four cities in North Carolina began fluoridation of their municipal water supplies in 1968. At the present time 74.5 percent of the people in North Carolina who are served by municipal water supplies are drinking fluoridated water.

The Dental Health Division provided fluoridation to some children who could not be served by municipal water supplies by fluoridating five rural school water supplies during 1968. This was done in cooperation with the Laboratory and Sanitary Engineering Divisions of the State Board of Health and the Boards of Education of the counties in which the schools were located.

Research: The Dental Health Division's study to test the effectiveness of two topical fluoride solutions has been completed, and the data is now being tabulated and analyzed. The study of the effectiveness of fluoride supplements in reducing dental decay was continued for the sixth year of its seven-year duration.

A twelve-year study, intended to determine the optimum level of fluoridation for rural school water supplies, was begun in 1968 in cooperation with the United States Public Health Service.

North Carolina Dental Program for Children: The Division wrote and submitted for funding a program to study incremental dental care for children residing in selected isolated areas of the state. Due to a freeze of federal funds, the project was not funded. It will be submitted again when funds become available.

DENTAL LABORATORY RELATIONS COMMITTEE

C. Z. CANDLER (1969), *chairman*THOMAS L. DIXON (1971)
JAMES A. HARRELL (1973)C. D. EATMAN (1970)
HAROLD E. MAXWELL (1972)

Relations with NCDLA: The Dental Laboratory Relations Committee has enjoyed another year of good relations with the NCDLA and your committee feels that significant strides are being made toward further cementation of the good relations which exist between these two groups.

On September 14, 1968 at the Blockade Runner Hotel in Wilmington, a joint meeting was held between the Dental Laboratory Relations Committee, the State Board of Dental Examiners and representatives of the NCDLA. Members of the Sub-Committee on Dental Laboratories and Dental Technicians were present as invited guests.

This meeting was held to discuss the proposition that the laboratories within the State of North Carolina be certified within this State. Subsequently, the afore-mentioned Sub-Committee took over the task of formulating these propositions, and further information on this subject may be found in the final report of the Sub-Committee as it appears in this Blue Book.

Resolutions

10. **Resolved**, that the Dental Laboratory Relations Committee be encouraged to continue in its efforts to further the good relations now existing between the NCDS and the NCDLA.

11. **Resolved**, that local dental society groups be encouraged to issue invitations to laboratory personnel within their respective areas, to attend clinics and seminars which would be of mutual benefit.

12. **Resolved**, that omission of dental laboratory listings in the Yellow Pages of the telephone directories be encouraged.

DENTAL PRACTICE ACT COMMITTEE

W. L. HAND, *chairman*ROGER E. BARTON
THOMAS M. HUNTERFRANK O. ALFORD
ROBERT B. LITTON

FAY H. CULBRETH

Meetings: The Committee met July 10 and September 23, November 22, 1968, and January 27, February 17, and March 15, 1969.

Assignments: The Legislative Committee in a report to the Executive Committee January 7, 1967, recommended that a study in depth of the present dental practice laws be initiated. The Executive Committee on January 7, 1967, directed the president to appoint a special committee to study the present dental practice act in cooperation with the State Board of Dental Examiners and report to the House of Delegates.

Report of Study: The reports of sub-committees are presented under appendices 1, 2, 3, 4, and 5.

The Dental Practice Act Committee recommends approval of the sub-committee reports with the exception of the report of the sub-committee on General Dentistry. After consulting with the Society's legal counsel, the committee concluded that the revisions in the dental laws proposed by the Board of Dental Examiners and subsequently by the sub-committee on General Dentistry should be studied further.

Resolutions

18. **Resolved**, that the study of the dental laws of North Carolina be continued by the committee and sub-committees as now constituted.

DENTAL PRACTICE ACT COMMITTEE—APPENDIX NO. 1 SUB-COMMITTEE ON DENTAL HYGIENE

ROBERT H. SAGER, *chairman*

MISS ELEANOR A. FORBES
J. HARRY SPILLMAN

MISS CAROLYN C. WILLIAMS
JAMES H. LEE

Meetings: The sub-committee on Dental Hygiene met September 15 and December 5, 1968, and March 15, 1969.

Assignment: The sub-committee on Dental Hygiene was directed to study the Dental Practice Act as it relates to dental hygiene and make recommendations for any changes in the General Statutes of North Carolina or regulations in the best interest of the dental and hygiene professions.

Report of Study: As a result of its comprehensive study the sub-committee recommends that the several revisions in the dental laws contained in this report be made.

Preamble: In 1945 the state legislature adopted the Dental Hygiene Act (DHA) on the basis that the practice of dental hygiene affects the welfare of the citizens of North Carolina and it is in the public interest to regulate and control through licensure the individuals who practice dental hygiene. The committee recommends that a statement to this effect be incorporated in a preamble to the DHA as follows:

The practice of dental hygiene affects the public health, safety, and welfare and only qualified persons should be permitted to practice dental hygiene in the state of North Carolina.

Section 90-221: This section defines dental hygiene as "the treatment of human teeth by removing therefrom calcareous deposits and by removing accumulated accretion from directly beneath the free margin of the gums and polishing the exposed surfaces of the teeth."

The committee recommends that whenever possible the listing of specific activities pertaining to the practice of dental hygiene be deleted from the DHA and placed in the Board's Rules and Regulations.

There is little doubt that a decade from now the practice of dentistry will be different than it is today; rules and regulations will have to be altered to meet the new situations. Additions and corrections to rules and regulations listed in the DHA require action by the state legislature. Laws in the Board's Rules and Regulations will only need Board action to be amended. The Board has the degree of knowledge to make decisions regarding activities in the practice of dental hygiene, it meets more frequently, and it can alter the rules with less legal "red tape" than the state legislature.

The committee recommends that Section 90-221 be revised to read as follows:

90-221. Definitions. Scope of Dental Hygiene.

a. Dental Hygiene as used in this article shall mean the performance of those services which are educational, therapeutic, and preventive in nature which attain or maintain optimal oral health as determined by the North Carolina State Board of Dental Examiners and may include but are not necessarily limited to complete oral prophylaxis, application of

preventive agents to oral structures, exposure and processing of radiograph, administration of medicaments prescribed by a licensed dentist preparation of diagnostic aids, written records or oral conditions for interpretation by the dentist.

b. "Dental hygienist" shall mean any person who is a graduate of a Board accredited school of dental hygiene, who has been licensed by the Board, and who practices dental hygiene as prescribed by the Board.

c. Nothing in this article shall be construed as affecting the practice of dentistry or medicine as provided by law.

d. The following practices shall be exempt from the provisions of this article:

1. Teachers of dental hygiene provided they are licensed in the United States and are teaching in a Board approved program.

2. Students enrolled in a Board approved dental hygiene program under the direct supervision of a dental hygienist or dentist acting as an instructor.

The committee agrees that the Board is the proper agency to administer the DHA.

Section 90-222. The committee recommends that this section be revised to read as follows:

90-222. Administration of Article. The North Carolina State Board of Dental Examiners (Board) as created by the Dental Act (90-222) is charged with the duty of administering the provisions of this article.

Section 90-223. Most of the sections of the DHA are concerned with the procedures for issuing, maintaining, and revoking dental hygiene licenses. Section 90-223 authorizes the Board to make rules and regulations necessary to administer the DHA which is primarily concerned at present with the licensure procedures.

The committee agrees that the Board is the proper agency to administer the licensing procedures and recommends that Section 90-223 be expanded to include a brief statement of all of the duties of the Board as follows:

Section 90-223. Powers and Duties of the Board.

- a. The board shall (1) conduct examinations for licensure, (2) issue licenses, (3) issue annual renewal certificates, (4) renew expired licenses and (5) revoke or suspend licenses for infractions of rules and regulations.

- b. The board shall make such necessary rules and regulations as may be necessary to carry out the provisions of the licensing procedures.

- c. The board shall establish rules and regulations concerning the practice of dental hygiene.

Section 90-224: Two sets of regulations govern the licensure of the dental hygienist. One group of rules was incorporated in the DHA when it was enacted by the state legislature. These laws can be changed only by further action of the legislature which can be a cumbersome procedure. The other set of rules has been passed by the Board and constitutes its Rules and Regulations. These can be altered by appropriate Board action.

Some duplication exists in the rules enacted by these two law-making bodies. For example, both Section 90-224 of the DHA and the Board Rules and Regulations (page 14) state that the applicant for licensure shall be at least 19 years old and a citizen of the United States.

The committee recommends that statements authorizing the Board to conduct examinations for licensure be retained in the DHA but that the details of the licensing procedures be deleted from the DHA and incorporated in the Board's Rules and Regulations.

The committee recommends that the section on eligibility for examination, Section 90-224, be limited to a statement that the applicant should have been graduated from a Board approved program of dental hygiene.

The state legislature has been requested to modify the DHA on several occasions. Two of the amendments concern raising the fee for the licens-

ing examination and renewal licenses as outlined in Section 90-231.

The committee recommends that the DHA set the maximum fee for license examination and annual renewal at \$50.00. The Board may set the fee at a level not to exceed \$50.00 commensurate with the service rendered without having to get approval from the state legislature. State legislative action would be required to increase the maximum.

The committee recommends that Section 90-224 be revised to read as follows:

90-224. Examination of Applicants.

a. The applicant must be a graduate of a Board approved program of dental hygiene.

b. The Board shall have the authority to establish in its Rules and Regulations:

1. The form of application.
2. The time and place of examination.
3. The type of examination.
4. The qualifications for passing the examination.
5. The fee for examination not to exceed \$50.00.

Section 90-225. The committee recommends that this section be revised to read as follows:

Section 90-225. Issuance of License.

a. The Board shall issue licenses to examinees who pass the Board's examination.

b. The Board shall determine (1) the method and time of notifying successful candidates, (2) the time and form for issuing licenses, and (3) the place license must be displayed.

Section 90-226. The committee recommends that this section be revised to read as follows:

Section 90-226. Renewal of Certificates.

a. The Board shall issue annual renewal certificates to licensed dental hygienists.

b. The Board shall have the authority to establish in its Rules and Regulations:

1. The form of application for renewal certificates.
2. The time the application must be submitted.
3. The type of certificate to be issued.
4. How the certificate must be displayed.
5. The fee for renewal certificates not to exceed \$50.00.
6. The penalty for late application.
7. The automatic loss of license if applications are not submitted.

Section 90-227. The committee recommends that this section be revised to read as follows:

Section 90-227. Renewal of License.

The Board shall have the authority to renew the license of a dental hygienist who fails to obtain a renewal certificate for any year provided she (1) makes application for a renewal of license and (2) meets the qualifications established by the Board.

The committee also recommends that the following sections be revised so that they will be similar to analogous sections in the Dental Practice Act:

- 90-228 Revocation or suspension of license
- 90-230 Discipline of a dental hygienist
- 90-233 Violation of a misdemeanor

Section 90-232. The committee recommends that this section be revised to read as follows:

Section 90-232. Practice of Dental Hygiene.

- a. A dental hygienist may practice in:
 1. Office of a duly licensed dentist
 2. Dental clinic of a public school
 3. State Board of Health
 4. Dental clinic of a state institution
 5. Dental clinic of any industrial establishment
 6. Dental clinic of a hospital
- b. A dentist in private practice may employ more than one dental hygienist at one and the same time.
- c. The hygienist in the private office must practice under the direct supervision of a licensed dentist.
- d. The Board shall have the authority to enact or amend rules and regulations governing the practice of dental hygiene or the licensing of dental hygienists.
 1. Proposed changes must be (1) circulated to licensed dentists and dental hygienists at least thirty (30) days prior to the final vote and (2) must receive a majority vote of the Board.
 2. The accepted rule change must be (1) filed with the appropriate state agency, the Secretary of State and (2) a copy distributed to the licensed dentists and dental hygienists within ten (10) days of final approval by the Board.
 3. The Board shall issue every two years a compilation of the Dental Hygiene Act and the Board rules and regulations, and a directory of dentists and dental hygienists to each licensed dentist and dental hygienist.

Consultant to the Board: The committee recommends that the Board shall provide in its rules and regulations a method for electing a dental hygienist as a consultant to the Board. Communication between the licensed dental hygienists and the Board shall be channeled through the consultant.

Further revisions: The committee contemplated that these recommendations would increase the responsibilities as well as the work of the Board. Consideration should be given to: (1) changing the Board's name to the North Carolina State Board of Dentistry, (2) increasing the membership of the Board from the present six to nine, and (3) employing an executive secretary to be responsible for administration of the policies of the Board.

Resolutions

19. Resolved, that the revisions in the dental laws of North Carolina recommended by the sub-committee on Dental Hygiene in its report to the House of Delegates be approved, and be it further

Resolved, that the said revisions be submitted to the Society's legal counsel and that he be requested to prepare them in the proper legal and statutory language, and be it further

Resolved, that the revisions as prepared by legal counsel be submitted to the Legislative Committee for enactment by the General Assembly into the General Statutes of North Carolina.

**DENTAL PRACTICE ACT COMMITTEE—APPENDIX NO. 2
SUB-COMMITTEE ON DENTAL LABORATORIES
AND DENTAL TECHNICIANS**

JOHN B. SOWTER, *chairman*

JAMES A. HARRELL
C. Z. CANDLER, JR.
PEARCE ROBERTS, JR.

ROBERT C. GUNTER, CDT
CARLTON S. NEWTON, CDT
E. WORTH FRINK, CDT

Assignments: The sub-committee was asked to make recommendations concerning dental laboratories and dental laboratory technicians which could be incorporated in a revision of the Dental Laws of North Carolina

Meetings: The sub-committee met on February 17, 1968, March 9, 1968, November 3, 1968, November 23, 1968 and December 1, 1968. A considerable amount of sub-committee business was transacted by telephone. Several guests participated in our discussions and made significant contributions. These included Robert L. Jones, CDT, C. G. Renfro, CDT, and Albert Wray, CDT.

Results: The relationships established through this sub-committee have been harmonious and rewarding. The recommendations which follow are deemed to be in the best interest of the people of North Carolina and also in the best interest of the dental profession and its related fields.

Educational Program: The sub-committee recommends that an educational program to explain these proposals, if they are accepted by the parent committee and the House of Delegates, be formed from interested members of the North Carolina Dental Society and the North Carolina Dental Laboratory Association. Such a program would help upgrade relationships between the organizations and benefit practicing dentists and commercial dental laboratories by explaining the proposed legislation and demonstrating the importance of following prescribed legal procedures regarding laboratory prescriptions.

It is not the intent of this report to remove any parts of the present dental law pertaining to dental laboratory technology. Rather, the intent is to identify and recognize competent dental laboratory technicians to aid the dentist in better serving the interest of public health, safety, and welfare and to strengthen the existing provisions regarding written work orders, unauthorized practice, and ethical and legal relationships between the dentist and the laboratory.

The sub-committee recommends that the "Commission Concept" described later in this report be considered as an effective means to deal with problems and examinations in other related dental fields. This concept has the advantage of maintaining dentistry and its related activities under one "umbrella" while permitting each allied field to have a significant voice in its own affairs. This concept has the additional benefit of permitting certain activities presently within the Board of Dental Examiners to be delegated without losing control of these activities. This should effect a savings in time for the Board.

Some question has arisen regarding the legality of the "Commission Concept." The sub-committee wishes to be informed as soon as possible if the attorney for the North Carolina Dental Society questions the legality of this concept, in particular the method of selecting members of the commission and its functions. In the event that changes are contemplated which would alter the intent of this report, the sub-committee requests permission to amend this report. Because of the innovations which are implied in these recommendations, no effort has been made to identify the article or placement of these items in any legislation.

Commercial dental laboratories and dental laboratory technicians are important parts of the dental health team. The increased demands in dental practice makes the utilization of dental laboratory technicians and commercial laboratories increasingly important. In this context, the regulation of dental laboratories and the identification and certification of dental laboratory technicians and dental laboratory operators affects the public health, safety, and welfare.

Recognition and certification of dental laboratory technicians and commercial dental laboratories will promote education and increasingly higher standards in the dental laboratory craft. This will enable dental laboratory operators to better identify qualified technicians and potential employees.

Recognition and certification will enable the dentist to identify laboratories and technicians qualified to produce restorations required in dental treatment. This in turn enables the dentist to give better service to the public and increase the standards of dental health care.

Definitions: The sub-committee recommends that the following definitions be drafted by legal counsel in proper legal statutory language and inserted in appropriate sections of the dental laws:

(1) **Dental Laboratory Technology:** The art and science of constructing dental restorations or appliances from impressions or on casts supplied by a licensed dentist and following the written prescription or work authorization supplied by the dentist.

(2) **Dental Laboratory:** A place remote from a dental office where dental restorations are constructed for dentists following their written prescription or work authorization.

(3) **Dental Laboratory Technician:** An individual (1) who has successfully completed a two year educational program in a school of dental laboratory technology accredited by the Council on Dental Education of the American Dental Association; or (2) who has a minimum of three years of experience in the dental laboratory craft. The training and/or experience may be in one or more of the following technical areas:

(a) **Dental Laboratory Technician (Complete Dentures):** A technician whose special skills enable him to perform all the functions and techniques required to make complete dentures within the dental laboratory following the dentist's prescription or work authorization.

(b) **Dental Laboratory Technician (Fixed Restorations):** An individual whose special skills enable him to perform the technical procedures required to make crowns, bridges, and inlays within the dental laboratory following the dentist's prescription or work authorization.

(c) **Dental Laboratory Technician (Ceramics):** An individual skilled in the manipulation of porcelain and related materials such that he is able to make esthetic dental restorations within the dental laboratory following the dentist's prescription or work authorization.

(d) **Dental Laboratory Technician (Removable Partial Dentures):** A technician whose special skills enable him to make removable dental appliances within the dental laboratory for partially edentulous arches following the dentist's prescription or work authorization.

(e) **Dental Laboratory Technician (Orthodontics):** An individual skilled in making orthodontic appliances, fixed or removable, within the dental laboratory following the dentist's prescription or work authorization.

(4) **Dental Laboratory Operator:** A dental laboratory operator is a dental laboratory technician who is directly responsible for the day-to-day operations of a dental laboratory. To qualify, he will be expected to complete technical examinations in two or more technical areas. This will not preclude a dental laboratory operator from supervising a laboratory in which all types of dental appliances and/or restorations are produced. (Any dental technician or individual employed in a dental office who accepts laboratory work from outside the given dental office will be deemed to be operating a dental laboratory.)

Rules and Regulations: The sub-committee recommends that the rules and regulations of the State Board of Dental Examiners include provisions: (1) Restricting patients from going to a dental laboratory; and (2) Establishing sanitary standards for dental laboratories.

Commission Concept: The sub-committee recommends that a Dental Laboratory Commission be established within the framework of the North Carolina State Board of Dental Examiners to be responsible for matters pertaining primarily to dental laboratory technology and dental laboratories.

The commission will consist of not less than three nor more than five Certified Dental Laboratory Technicians (N.C.) and one dentist. The first commission may be composed of technicians (eligible for certifica-

ion) appointed by the State Board of Dental Examiners. Subsequently, technician members will be elected for staggered three year terms by Certified Laboratory Technicians in a manner similar to that stated in Section 90-22. The dentist member of the Commission will serve a three year term and will be appointed jointly by the Commission and the Board.

Rules and regulations and amendments thereto regarding dental laboratories and/or dental technicians must be approved by a majority of both the Commission and the Board, voting independently, before becoming effective.

Annual examinations are to be conducted to certify dental laboratory technicians. These examinations are to be supervised by a panel of examiners composed of no less than three members of the Commission and one member of the Board. The result of these examinations must be approved by a majority of the Commission and a majority of the Board. In this manner, the Board will maintain final control over the content, method, and delivery of examinations and will review the results of each examination before they are announced.

A "grandfather clause" would make individuals with the qualifications stated in the definitions of Dental Laboratory Technician on the date of ratification eligible to be certified upon application to the Commission.

Likewise, Dental Laboratory Operators, with the qualifications as set forth in the definition, and being in business as a laboratory operator for one or more years before the date of ratification, would also receive certification as operators upon application to the Commission. Initially, provision will be made to permit those people acting as, but not meeting the qualifications of, a laboratory operator to continue in business until a qualifying examination is given.

Members of the Commission would aid in the investigation of infractions of the Dental Practice Act, as directed by the Board.

A dental laboratory operator will be directly responsible for the quality of laboratory products made within his laboratory or under his supervision.

Each dental laboratory operator will, when applying for his annual renewal of certification, list employees of his dental laboratory. This is to include Certified Laboratory Technicians (N.C.) and other employees.

An individual acting as a dental laboratory operator without the proper credentials will be in violation of the law.

Resolutions

20. Resolved, that the recommendations of the sub-committee on Dental Laboratories and Dental Technicians contained in its report to the House of Delegates be approved, and be it further

Resolved, that the said recommendations be submitted to the Society's legal counsel and that he be instructed to prepare these in the proper legal and statutory language, and be it further

Resolved, that the recommendations as prepared by legal counsel be submitted to the Legislative Committee for enactment by the General Assembly into the General Statutes of North Carolina.

21. Resolved, that the "Commission Concept" as described in detail in the report of the sub-committee on Dental Laboratories and Dental Technicians be referred to the Society's legal counsel to determine if this concept is legal and workable.

DENTAL PRACTICE ACT COMMITTEE—APPENDIX NO. 3 SUB-COMMITTEE ON SPECIALTY LICENSURE

J. B. FREEDLAND

OLIN W. OWEN, *chairman*

E. U. AUSTIN

Meetings: This committee met May 11, 1968, June 15, 1968 and August 31, 1968.

Assignment: This committee was directed to study the Dental Practice Act as it relates to the specialties and to recommend changes in the statutes or regulations for the best interest of the profession.

Report of Study: After a comprehensive study, the committee recommends that the dental laws in North Carolina be amended to provide for specialty license. The proposed amendments follow.

Applicants: To be eligible to make application for a specialty license, an applicant must meet the following requirements:

(1) He must be licensed for the practice of general dentistry in some other state and be eligible for licensure in the State of North Carolina or possess a license to practice General Dentistry in North Carolina.

(2) He must be a member in good standing of his national specialty association and/or of the Specialty Board recognized by the Council on Dental Education of the American Dental Association and/or meets the educational requirements as stipulated by the Council on Dental Education.

Waiver Exceptions: The committee recommends the following waiver exceptions:

(a) Orthodontics: Until January 1, 1967 candidates entering the preceptorship program operated by the American Association of Orthodontists may have the study and training of such program accepted as a substitute for a formal education program. (NOTE: Preceptorship candidates must be approved by the American Association of Orthodontists and have successfully met the qualifications before becoming eligible for specialty licensure. (Reports of Councils, ADA, 1965, pg 36)

(b) Endodontics: In order to eliminate inequities still existing toward practitioners of endodontics who graduate from dental school during and after 1957, the requirements of two years of advance formal education should not be applied to candidates applying for certification to the American Board of Endodontics who have graduated from dental school in 1964 or prior thereto, provided such candidates meet all other requirements of the American Board of Endodontics. (NOTE: Limitations of practice in endodontics is not permitted unless such limitations was announced prior to January 1, 1965, or if the candidate has completed two academic years of advanced education, or holds a certificate as a diplomat of the American Board of Endodontics. (Resolution 103, 1966 Transactions, ADA, pg 246)

(c) Any practitioner in the state of North Carolina who has limited his practice to any of the recognized special areas of dental practice, before this regulation is effective, may be granted a specialty license.

(d) The holder of a specialty license cannot return to general practice without possessing a license for general dentistry in the State of North Carolina. (See specialty licensure statute of the State of Michigan, Section 8 for information.)

Consultants: The committee recommends that, the State Board of Dental Examiners should be empowered to appoint consultants for the purpose of preparing and facilitating the examination of a candidate in any of the special areas of dental practice. It is suggested that three consultants in each of the special areas would be adequate. We suggest asking the specialty society, if in existence, to suggest or appoint these three men.

Examination: The committee recommends that applicants should be examined in those clinical and basic sciences pertinent to the respective special area of dental practice. The state board should establish guidelines under which the examination will be conducted and that prior to the examination, the consultant examiners are to submit an outline of their proposed examination to the North Carolina State Board of Dental Examiners for their approval.

Specialty Areas: The committee recommends licensure in the eight specialty areas defined in the 1966 Transactions of the ADA, pages 24

and 25 as follows: Dental Public Health, Endodontics, Oral Pathology, Oral Surgery, Orthodontics, Pedodontics, Periodontology, and Prosthodontics.

Auxiliary Personnel: The committee recommends that the duties of auxiliary personnel in any of the special areas of dental practice should be consistent with those duties normally attendant in the general practice of dentistry, e.g., taking of radiographs, instruction in home care, intraoral and extraoral photographs, etc.

Resolutions

22. Resolved, that the recommendations contained in the report of the sub-committee on Specialty Licensure be approved, and be it further

Resolved, that the said recommendations be submitted to the Society's legal counsel and that he be requested to prepare them in proper legal and statutory language, and be it further

Resolved, that the recommendations as prepared by legal counsel be submitted to the Legislative Committee for enactment by the General Assembly into the General Statutes of North Carolina.

DENTAL PRACTICE ACT COMMITTEE—APPENDIX NO. 4 SUB-COMMITTEE ON GENERAL DENTISTRY

RALPH D. COFFEY, *chairman*

M. W. CARPENTER
T. G. COLLINS
R. A. GEORGE

PAUL E. COTTER
JAMES L. COX
C. W. HORTON

Meetings: The committee met in Wilmington, Asheville, Chapel Hill, and Raleigh.

Assignment: The committee was directed to study the Dental Practice Act and recommend any amendments pertaining to general dentistry in the best interest of the profession.

Result of Study: In January the Board of Dental Examiners submitted proposed changes in the Dental Practice Act, and the committee approved the changes by mail ballot.

Recommendations: The committee recommends that the House of Delegates approve the revisions in the dental laws of North Carolina proposed by the Board of Dental Examiners. A copy is attached to this report.

Resolutions

23. Resolved, that revisions in the dental laws of North Carolina recommended by the sub-committee on General Dentistry in its report to the House of Delegates be approved, and be it further

Resolved, that the said revisions be submitted to the Society's legal counsel and that he be requested to prepare them in proper legal and statutory language, and be it further

Resolved, that the revisions prepared by legal counsel be submitted to the Legislative Committee for enactment by the General Assembly into the General Statutes of North Carolina.

NORTH CAROLINA DENTAL PRACTICE ACT

Changes and amendments suggested by the North Carolina State Board of Dental Examiners January 14, 1969 and approved by the Sub-Committee on General Dentistry in its report to the 1969 House of Delegates

(1) Section 90-29 should be revised and re-written as follows:

90-29 (a) **Necessity for license:** No person shall engage in the practice of dentistry in this State, or offer or attempt to do so, unless such person is the holder of a valid license or certificate of renewal of license duly issued by the North Carolina State Board of Dental Examiners.

(b) **Dentistry Defined:** A person shall be deemed to be practicing dentistry in this State who does, undertakes or attempts to do, or claims the ability to do any one or more of the following acts or things which, for the purposes of this article, constitute the practice of dentistry;

(1) Diagnoses, treats, operates, or prescribes for any disease, disorder, pain, deformity, injury, deficiency, defect, or other physical condition of the human teeth, gums, alveolar process, jaws, maxilla, mandible, or adjacent tissues or structures of the oral cavity;

(2) Removes stains, accretions or deposits from the human teeth;

(3) Extracts a human tooth or teeth;

(4) Performs any phase of any operation relative or incident to the replacement or restoration of all or a part of a human tooth or teeth with any artificial substance material or device.

(5) Corrects the malposition or malformation of the human teeth;

(6) Administers an anesthetic of any kind in the treatment of dental or oral diseases or physical conditions, or in preparation for or incident to any operation within the oral cavity;

(7) Takes or makes an impression of the human teeth, gums, or jaws;

(8) Makes, builds, constructs, furnishes, processes, reproduces, repairs, adjusts, supplies or professionally places in the human mouth prosthetic denture, bridge, appliance, corrective device, or other structure designed or constructed as a substitute for a natural human tooth or teeth or as an aid in the treatment of the malposition or malformation of a tooth or teeth, except to the extent the same may lawfully be performed in accordance with the provisions of G. S. Sections 90-29.1 and 90-29.2;

(9) Uses a Roentgen or X-ray machine or device for dental treatment or diagnostic purposes, or gives interpretations or readings of dental Roentgenograms or X-rays;

(10) Performs or engages in any of the clinical practices included in the curricular of recognized dental schools or colleges;

(11) Owns, manages, supervises, controls or conducts, either himself or by and through another person or other persons, any enterprise wherein any one or more of the acts or practices set forth in subsections (1) through (10) above are done, attempted to be done, or represented to be done;

(12) Uses, in connection with his name, any title or designation, such as "dentist," "dental surgeon," "doctor or dental surgery," "D.D.S.," "D.M.D.," or any other letters, words or descriptive matter which, in any manner, represents him as being a dentist able or qualified to do or perform any one or more of the acts or practices set forth in subsections (1) through (10) above.

(13) Represents to the public, by any advertisement or announcement, by or through any media, the ability or qualification to do or, perform any of the acts or practices set forth in subsection (1) through (10) above.

(c) **Exceptions:** Nothing in this article or in this section shall apply to the following acts, practices, or operations:

(1) Any act by a duly licensed physician or surgeon performed in the practice of his profession;

(2) Dental relief, other than the restoration, reproduction or replacement of a tooth or teeth or a part or parts thereof, rendered in emergency cases by a duly licensed physician or surgeon;

(3) The practice of dentistry, in the discharge of their official duties, by dentists in any branch of the military service of the United States or in the full time employ of any agency of the United States;

(4) The teaching of dentistry, in dental schools or colleges operated

and conducted in this State and approved by the North Carolina State Board of Dental Examiners, by any person or persons licensed to practice dentistry anywhere in the United States or in any country, territory or other recognized jurisdiction; provided, however, that such teaching of dentistry by any person or persons licensed in any jurisdiction other than a place in the United States must first be approved by the North Carolina State Board of Dental Examiners.

(5) The practice of dentistry, as a part of their course of instruction, by students enrolled in dental schools or colleges operated and conducted in this State, and approved by the North Carolina State Board of Dental Examiners, when such practice is performed under the supervision of a dentist acting as teacher or instructor who is duly licensed in North Carolina or qualified under subparagraph (4) above as a teacher; and, the practice of dentistry by such students, following the satisfactory completion of third year dental school requirements, upon the patients or inmates of an institution wholly owned, operated and supported by the State of North Carolina or a political subdivision thereof, when such practice is a part of the course of instruction of said students, is performed under the supervision of a duly licensed dentist acting as teacher or instructor, and is without remuneration;

(6) The temporary practice of dentistry by licensed dentists of another state or of any territory or country when the same is performed, as clinicians, at meetings of organized dental societies, associations, colleges or similar dental organizations, or when such dentists appear in emergency cases upon the specific call of a dentist duly licensed to practice in this State;

(7) The practice of dentistry by a person who is a graduate of a dental school or college approved by the North Carolina State Board of Dental Examiners and who is not licensed to practice dentistry in this State, when such person is the holder of a valid intern permit or provisional license issued to him by the North Carolina State Board of Dental Examiners pursuant to the terms and provisions of this Article, and when such practice of dentistry complies with the conditions of said intern permit or provisional license;

(8) Any act or acts performed by a dental hygienist licensed to practice in this State when such act or acts are lawfully performed pursuant to the authority of Article 16 of this Chapter 90 or the rules and regulations of the Board;

(9) Any act or acts performed by an assistant to a dentist licensed to practice in this State when said act or acts are authorized and permitted by and performed in accordance with rules and regulations promulgated by the Board;

(10) The extraoral construction, manufacture, fabrication or repair of prosthetic dentures, bridges, appliances, corrective devices, or other structures designed or constructed as a substitute for a natural human tooth or teeth or as an aid in the treatment of the malposition or malformation of a tooth or teeth, by a person or entity not licensed to practice dentistry in this State, when the same is done or performed solely upon a written work order in strict compliance with the terms, provisions, conditions and requirements of Sections 90-29.1 and 90-29.2 of this Article.

(II) 90-29.3 Intern Permit: The North Carolina State Board of Dental Examiners may, in the exercise of the discretion of said Board, issue to a person who is not licensed to practice dentistry in this State and who is a graduate of a dental school, college, or institution approved by said Board, an intern permit authorizing such person to practice dentistry under the supervision or direction of a dentist duly licensed to practice in this State, subject to the following particular conditions:

(1) An intern permit shall be valid for no more than one year from the date of issue thereof; provided, however, that the Board may, in its discretion, renew such permit for two additional one year periods; and, provided further, that no person shall be granted an intern permit or intern permits embracing or covering an aggregate time span of more than thirty-six calendar months.

(2) The holder of a valid intern permit may practice Dentistry only

under the supervision or direction of one or more dentists duly licensed to practice in this State;

(3) The holder of a valid intern permit may practice dentistry only (a) as an employee in a hospital, sanatorium, or a like institution which is licensed or approved by the State of North Carolina and approved by the North Carolina State Board of Dental Examiners; or (b) as an employee of the State of North Carolina or an agency or political subdivision thereof, or any other governmental entity within the State of North Carolina when said employment is approved by the North Carolina State Board of Dental Examiners;

(4) The holder of a valid intern permit shall receive no fee or fees or compensation of any kind or nature for dental services rendered by him other than such salary or compensation as might be paid to him by the entity specified in sub-section (3) above wherein or for which said services are rendered;

(5) The holder of a valid intern permit shall not, during the term of said permit or any renewal thereof, change the place of his internship without first securing the written approval of the North Carolina State Board of Dental Examiners;

(6) The practice of dentistry by the holder of a valid intern permit shall be strictly limited to the confines of and to the registered patients of the hospital, sanatorium or institution to which he is attached or to the persons officially served by the governmental entity by whom he is employed;

(7) Any person seeking an intern permit shall first file with the North Carolina State Board of Dental Examiners such papers and documents as are required by said Board, together with the application fee set forth in Section 90-39 of this Article; a fee established in 90-39 shall be paid for any renewal of said intern permit;

Such person shall further supply to the Board such other documents, materials or information as the Board may request;

(8) Upon the recommendation or direction of any licensed dentist under whose supervision the holder of a valid intern permit is practicing, the administrative head of the hospital, sanatorium or institution to which he is attached, the administrative head of the governmental entity by whom he is employed, or for any cause satisfactory to the Board, such intern permit may immediately be revoked and declared void by said Board in the exercise of its discretion without prior notice to the holder thereof, notwithstanding contrary provisions of this article and Chapter 150;

(9) Any person seeking an intern permit or who is the holder of a valid intern permit shall comply with such limitations as the North Carolina State Board of Dental Examiners may place or cause to be placed, in writing, upon such permit, and shall comply with such rules and regulations as the Board might promulgate relative to the issuance and maintenance of said permit in the practice of dentistry relative to the same.

(III) 90-29.4 **Provisional License:** (a) The Board may, in its discretion, issue a provisional license to practice dentistry to any person who is licensed to practice dentistry anywhere in the United States or in any country, territory or other recognized jurisdiction, if the Board shall determine that said licensing jurisdiction imposed upon said person requirements for licensure no less exacting than those imposed by this State. A Provisional licensee may engage in the practice of dentistry only in strict accordance with the terms, conditions and limitations of his license and with the rules and regulations of the Board pertaining to provisional licenses.

(b) A provisional license shall be valid until the date of the announcement of the results of the next succeeding Board examination of candidates for licensure to practice dentistry in this State, unless the same shall be earlier revoked or suspended by the Board.

(c) No person who has failed an examination conducted by the North Carolina State Board of Dental Examiners shall be eligible to receive a provisional license.

(d) Any person desiring to secure a provisional license shall make application therefor in the manner and form prescribed by the rules and regulations of the Board and shall pay the fee prescribed in Section 0-39 of this Article.

(e) Notwithstanding any provisions of this article and of Chapter 150 to the contrary, the Board shall have the right, power and authority, without notice or hearing, to revoke or suspend any provisional license solely in accordance with rules and regulations established by the Board or that purpose.

(IV) Section 90-41 of the Act is so vague, uncertain and limited in its application as to be almost without any real effect. It should be completely re-written as follows:

90-41. Disciplinary action: (a) The North Carolina State Board of Dental Examiners shall have the power and authority to refuse to issue a license to practice dentistry, to refuse to issue a certificate of renewal of a license to practice dentistry, and to revoke or suspend the license of a dentist or invoke such other disciplinary measures, censure, or professional probative terms against a licensed dentist as it deems fit and proper in any instance or instances in which the Board is satisfied that such applicant or licensee:

(1) Has engaged in any act or acts of fraud, deceit or misrepresentation in obtaining or attempting to obtain a license or the renewal thereof;

(2) Is a chronic or persistent user of intoxicants, drugs or narcotics to the extent that the same impairs his ability to practice dentistry;

(3) Has been convicted of any of the criminal provisions of this Article or has entered a plea of guilty or nolo contendere to any charge or charges arising therefrom;

(4) Has been convicted of or entered a plea of guilty or nolo contendere to any felony charge or to any misdemeanor charge involving moral turpitude;

(5) Has been convicted of or entered a plea of guilty or nolo contendere to any charge of violation of any state or federal narcotic or barbiturate law;

(6) Has engaged in any act or practice violative of any of the provisions of this Article or violative of any of the rules and regulations promulgated and adopted by the Board, or has aided, abetted or assisted any other person or entity in the violation of the same;

(7) Is mentally, emotionally, or physically unfit to practice dentistry or is afflicted with such a physical or mental disability as to be deemed dangerous to the health and welfare of his patients. An adjudication of mental incompetency in a court of competent jurisdiction or a determination thereof by other lawful means shall be conclusive proof of unfitness to practice dentistry unless or until such person shall have been subsequently lawfully declared to be mentally competent;

(8) Has employed or procured any person to obtain or solicit professional patronage or has personally solicited professional patronage;

(9) Has permitted the use of his name, diploma or license by another person either in the illegal practice of dentistry or in attempting to fraudulently obtain a license to practice dentistry;

(10) Has engaged in such immoral conduct as to discredit the dental profession;

(11) Has, by reason of ignorance, incompetency or neglect, maltreated any patient;

(12) Has obtained or collected or attempted to obtain or collect any fee through fraud, misrepresentation, or deceit;

(13) Has performed or committed any act or acts in the practice of dentistry deemed by the Board to be of a lesser quality than that generally followed and accepted by persons licensed to practice dentistry in this State or to be of such an inferior quality as not to be condoned or approved by current teachings at recognized dental schools or colleges;

(14) Has been negligent in the practice of dentistry;

(15) Has employed a person not licensed in this State to do or per-

form any act or service, or has aided, abetted or assisted any such unlicensed person to do or perform any act or service which under this Article or under Article 16 of this Chapter, can lawfully be done or performed only by a dentist or a dental hygienist licensed in this State;

(16) Is incompetent in the practice of dentistry;

(17) Has practiced any fraud, deceit or misrepresentation upon the public or upon any individual in an effort to acquire or retain any patient or patients;

(18) Has made fraudulent or misleading statements pertaining to his skill, knowledge, or method of treatment or practice;

(19) Has committed any fraudulent or misleading acts in the practice of dentistry;

(20) Has, directly or indirectly, advertised in any manner for professional patronage or business; provided, however, that it shall not be considered advertising for a dentist, duly licensed to practice in this State, to place his name, office address, telephone number, and office hours in an approved register or other publication, or to place his name, followed by the word, "dentist," on the door or window of his office, or to place his name before the public in any other manner expressly approved by the Board;

(21) Has, in the practice of dentistry, committed an act or acts constituting malpractice;

(22) Has used or permitted another to use his name, as a dentist, in promoting the sale or advertisement of any product or service;

(23) Has permitted a dental hygienist or a dental assistant in his employ or under his supervision to do or perform any act or acts violative of this Article, or of Article 16 of this Chapter, or of the rules and regulations promulgated by the Board;

(24) Has wrongfully or fraudulently or falsely held himself out to be or represented himself to be qualified as a specialist in any branch of dentistry;

(25) Has persistently maintained, in the practice of dentistry, unsanitary offices, practices, or techniques;

(26) Is a menace to the public health by reason of having a communicable disease;

(27) Has distributed or caused to be distributed any intoxicant, drug or narcotic for any other than a lawful purpose; or

(28) Has engaged in any unprofessional conduct as the same may be, from time to time, defined by the rules and regulations of the Board.

(b) If any person engages in or attempts to engage in the practice of dentistry while his license is suspended, his license to practice dentistry in the State of North Carolina may be permanently revoked.

(c) The Board may, on its own motion, initiate the appropriate legal proceedings against any person, firm or corporation when it is made to appear to the Board that such person, firm or corporation has violated any of the provisions of this Article.

(d) The Board may appoint, employ or retain an investigator or investigators for the purpose of examining or inquiring into any practices committed in this State that might violate any of the provisions of this Article or any of the rules and regulations promulgated by the Board.

(e) The Board may employ or retain legal counsel for such matters and purposes as may seem fit and proper to said Board.

(V) Designate existing 90-41.1 as 90-41.1 (a) and add the following subsections:

Section 90-41.1: (b) In lieu of or as a part of such hearing and subsequent proceedings, the Board is authorized and empowered to enter any consent order relative to the discipline, censure, or probation of a licensee or an applicant or to the revocation or suspension of a license.

(c) Following the service of the notice of hearing as required by Chapter 150, the Board and the person upon whom such notice is served shall have the right to conduct adverse examinations, take depositions, and engage in such further discovery proceedings as are permitted by

the laws of this State in civil matters. The Board is hereby authorized and empowered to issue such orders, commissions, notices, subpoenas, or other process as might be necessary or proper to effect the purposes of this sub-section; provided, however, that no member of the Board shall be subject to examination hereunder.

(VI) The present provision of G. S. Section 90-34 are unconstitutional and that section of the statute should be re-written as follows:

Section 90-34. Refusal to grant renewal of license: For non-payment of the fee or fees required by Section 90-31 of this Article, or for violation of any of the terms and provisions of Section 90-41 of this Article, the North Carolina State Board of Dental Examiners may refuse to issue a certificate of renewal of license.

(VII) **New Section:** No member of the North Carolina State Board of Dental Examiners, either during his term of office or thereafter, shall be subject to civil liability of any kind or nature whatsoever for any act or acts performed in the course and scope of the official duties or functions of said Board.

(VIII) **Add to Section 90-43 last paragraph the following:**

"and employ such personnel as it may deem requisite to assist in carrying out the administrative functions required by this Article and by the Board."

SUB-COMMITTEE ON GENERAL DENTISTRY

Supplemental Report 1

90-22. The Committee considered a proposal to increase the number of members of the State Board of Dental Examiners from 6 to 9. However, the Committee does not recommend this amendment.

The Committee recommends that 90-22 be amended as follows:

(c) (1) add "and provide that a person nominated to the Board of Dental Examiners be notified in writing."

90-29. The Committee recommends the following amendments to 90-29:

(b) (14) The Dental Practice Act shall include the licensure of Specialists in the fields of: oral surgery, orthodontia, periodontia, pedodontia, prosthodontia, oral pathology, public health, and endodontia.

90-29.3. The Committee recommends amending 29.3 to provide that no intern permit shall be issued to a person who has failed the Board examination.

90-31. The Committee recommends amending 90-31 to provide that the application for renewal of license request the applicant to indicate whether he is actively practicing dentistry.

90-39. The Committee recommends that 90-39 be amended to provide a maximum fee of \$100 for examination and renewal of license.

90-44. The Committee recommends that 90-44 be amended to require the Board to submit its full annual report to the Governor by July 31.

Rules and Regulations: The Committee recommends that the Board amend its rules and regulations to provide that:

(1) The Board utilize the services of a practicing dental hygienist as a consultant to the Board.

(2) The Board employ an Executive Secretary to administer Board affairs.

Resolutions

28. **Resolved,** That the revisions in the dental laws of North Carolina recommended by the sub-committee on General Dentistry in its supple-

mental report 1 to the House of Delegates be approved, and be it further **Resolved**, that the said revisions be submitted to the Society's legal counsel and that he be requested to prepare them in proper legal and statutory language, and be it further

Resolved, that the revisions prepared by legal counsel be submitted to the Legislative Committee for enactment by the General Assembly into the General Statutes of North Carolina.

DENTAL PRACTICE ACT COMMITTEE—APPENDIX NO. 5 SUB-COMMITTEE ON DENTAL ASSISTING

BENNIE D. BARKER, *chairman*

ROGER E. BARTON

MISS EDNA ZEDAKER

Meetings: This committee met September 15, December 5, 1968 and March 15, 1969.

Assignment: To study the Dental Practice Act as it related to dental assisting and to make recommendations for the best interest of the dental profession and dental assistants.

Report of Study: The 1968 House of Delegates of the North Carolina Dental Society passed the following resolution:

8-1968-H. Resolved, that the State Board of Dental Examiners be requested to consider amending its rules and regulations pertaining to dental assistants to include the recommendations in the report of the sub-committee on Dental Assisting. This resolution has been under continual study by the State Board of Dental Examiners, the Executive Committee of the North Carolina Dental Society and the Dental Practice Act Committee.

The intent and purpose of this report passed by the House of Delegates of the North Carolina Dental Society has not been met in full by the State Board of Dental Examiners.

Resolutions

24. Resolved, that the report submitted by the Dental Assistants Committee to study the Dental Practice Act and approved by resolution 8-1968-H of the House of Delegates be amended as follows:

1. Based upon education, training and experience, a Dental Assistant shall be categorized as a Category I or a Category II Dental Assistant.

II. DEFINITIONS:

A. A Category I Dental Assistant is a Dental Assistant who has not completed an education and training program accredited by the Council on Dental Education of the American Dental Association, or one who is not certified by the Certifying Board of the American Dental Assistants Association, or one who is not eligible for certification by the Certifying Board of the American Dental Assistants Association, or who has not been employed as a Dental Assistant for at least three (3) years prior to January 1, 1973; provided, further, that any person employed as a Dental Assistant on or subsequent to January 2, 1970, without first completing an education and training program accredited by the Council on Dental Education of the American Dental Association shall be and remain a Category I Dental Assistant until such time as said person shall be eligible for certification by the Certifying Board of the American Dental Assistants Association.

B. A Category II Dental Assistant shall be a Dental Assistant who has completed an education and training program accredited by the Council

n Dental Education of the American Dental Association, or is certified by the Certifying Board of the American Dental Assistants Association, or is eligible for certification by the Certifying Board of the American Dental Assistants Association, or who has been employed as a Dental Assistant for at least three (3) years prior to January 1, 1973.

II. FUNCTIONS OF DENTAL ASSISTANTS:

A. **Category I Dental Assistant:** The Category I Dental Assistant may do and perform those functions, generally ascribed to Dental Assistants such as housekeeping, reception, telephone and appointment services, business management, and laboratory procedures. A Category I Dental Assistant may also assist a licensed dentist in operator procedures so long as the acts and functions of said Dental Assistant in so doing do not constitute acts included within the definition of the practice of dentistry as set forth in the General Statutes of the State of North Carolina or in the rules and regulations of this Board.

B. **Category II Dental Assistant:** A Category II Dental Assistant may do and perform any and all acts or functions which may be done or performed by a Category I Dental Assistant. In addition, licensed dentists are permitted to delegate appropriate functions, including the taking of X-rays, topical fluoride applications and application of topical anesthetics, only to those individuals who qualify for Dental Assistant II designation. These delegated functions must be performed under the direct supervision of the dentist (direct supervision means that the dentist is in the office at the time the procedure is accomplished). Those functions considered inappropriate for delegation are:

A. Examination, diagnosis and treatment planning.

B. Cutting or surgical procedures on hard and soft tissues.

C. Those restorative, prosthetic, orthodontic, and other procedures which require the professional education and skill of the dentist; and, which directly affect the dental health and physiologic well being of the patient.

D. Decisions as to drugs and their dosage, prescription writing and work authorizations.

25. **Resolved**, that the amended report be submitted to the Society's legal counsel and that he be requested to prepare it in legal statutory language and be it further

Resolved, that the report as prepared by the legal counsel be submitted to the Legislative Committee for enactment by the General Assembly into the General Statutes of North Carolina.

DENTAL SERVICE CORPORATION COMMITTEE

ROY L. LINDAHL, *chairman*

GLEN F. BITLER
F. A. BUCHANAN
JOHN H. DIXON
CHARLES P. GODWIN
JAMES B. HOWELL

RICHARD S. HUNTER
PEARCE ROBERTS, JR.
FREEMAN C. SLAUGHTER
JAMES M. ZEALY
E. N. PRIDGEN

W. STEWART PEERY

Meetings: No formal meetings of the total committee were held during the year.

Assignments: None from 1968 House of Delegates.

The activities of the committee have been directed to attempt to establish actuarial data needed to satisfy the Insurance Commissioner of the State of North Carolina. Accordingly, each member of the Society was requested to submit a profile of his fees for this purpose. The information was tallied by the chairman of the committee and forwarded to

San Francisco where the actuarial data is being compiled. It is expected that the information will be forthcoming soon after which the committee will need to become very active to pursue its goal of the establishment of the North Carolina Dental Service Corporation.

Resolutions

This report is informational in nature and no resolutions are presented.

ETHICS COMMITTEE

CHARLES W. HORTON (1973), *chairman*

C. Z. CANDLER, JR. (1969)
ELLIOT R. MOTLEY (1970)

NEWTON E. SMITH (1972)
DARDEN J. EURE (1971)

Meetings: No formal meetings of the committee were required. Work of the committee was conducted by telephone and by letter in each instance.

Assignments: The committee received no assignments from the 1968 House of Delegates. One assignment for investigation and a ruling was referred by the president. Several complaints or alleged infractions were received by the chairman. After consultation with committee members, these complaints were either referred to the local or district Ethics Committees for investigation and settlement, or rulings made directly by the N. C. Dental Society Ethics Committee.

The chairman gave one lecture consisting of one class period to senior dental students at the U.N.C. School of Dentistry on the Code of Ethics. The chairman feels the time is inadequate to give a complete presentation.

Resolutions

This report is informational in nature and no resolutions are presented.

FEDERAL DENTAL SERVICE COMMITTEE

T. EDWIN PERRY, *chairman*

CAREY T. WELLS, JR.
BAXTER B. SAPP, JR.

W. F. YELTON
COYTE R. MINGES

Meetings: No formal committee meetings have been held.

Assignments: The duties of this committee are:

- a. To act in liaison capacity to the Veterans Administration.
- b. To formulate programs for the participation of dentists in disaster preparedness programs.
- c. To review and study programs of dental care for members of the Federal Dental Services and their dependents.

Activities: The Basic Dental Fee Schedule of the Veterans Administration became effective July 1, 1968. Because that schedule was newly in effect, it was not reviewed this year.

No changes were made in existing disaster preparedness assignments or procedures, thus no action.

The Wayne County Dental Society has indicated that it is making inquiries into the possibilities of having the existing "remote" classification of the Seymour Johnson AFB revised. The inquiries were made known through telephone communication with the Executive Secretary's office. No formal action has been taken.

Resolution

This report is informational in nature and no resolutions are presented.

HOSPITAL DENTAL SERVICE COMMITTEE

JAMES M. ZEALY, *chairman*

W. D. YELTON
T. A. SMITH

R. J. HARNED
JERE ROE

Meetings: The committee held meetings on October 26, 1968 at Winston-Salem and on December 8, 1968 at Raleigh (District Officers Conference).

Objectives: The objectives of the committee are:

1. To stimulate interest by hospitals having non certified dental departments, in gaining department approval by the Council.
2. To clarify the position of the NCDS in regard to needs for dental are in licensed nursing homes.
3. To aid hospitals with dental departments accredited by the American Dental Association Council on Hospital Dental Service renew their certification.

Results: In the meeting in Winston-Salem, October 26, it was decided to delegate to a committee member full responsibility for each request or hospital certification renewal arising in his district and to make him responsible for taking care of the needs of hospitals requesting approval or previously non-certified dental departments.

Each district president appointed a sub-committee to the Hospital Dental Services Committee of the NCDS at the request of the chairman of the Hospital Dental Services Committee. This Committee worked to help fulfill the objectives of the State Committee in all matters coming under State Committee's jurisdiction.

Resolutions

13. **Resolved**, that each district president be requested to appoint a committee to work with and under the state committee on Hospital Dental Service.

INSURANCE COMMITTEE

J. S. D. NELSON (1973), *chairman*

T. L. BLAIR (1969)
JOHN S. DILDAY (1971)

W. A. MYNATT (1970)
DONALD L. HENSON (1972)

Meetings: The committee held three meetings — May 26, 1968, August 25, 1968, and February 16, 1969.

Assignment: The 1968 House of Delegates adopted the following resolution:

9-1968-H. Resolved, that the North Carolina Dental Society adopt the office overhead insurance program with Mutual of Omaha as approved by the Insurance Committee.

Major Medical Plan Terminated: In July 1968 Insurance Company of North America notified the committee that because of a high loss ratio the Group Major Medical Plan underwritten by that company and sponsored by the Society would be terminated on the next anniversary dates (October 15, 1968 in Districts 2 through 5, and December 1, 1968 in District 1). The Executive Committee instructed the Insurance Committee to seek a replacement.

Blue Cross and Blue Shield Plan: On August 25, 1968 the Insurance Committee met jointly with the Executive Committee. After carefully

considering several Major Medical proposals, a group health insurance plan with extended benefits underwritten by Blue Cross and Blue Shield of North Carolina, Inc., was selected to replace the INA Major Medical coverage. This plan has been successfully introduced to the membership. By January 10, 1969 1,023 were enrolled, including 751 dentists and 272 employees.

Overhead Expense Protection: In compliance with the directive by the House of Delegates an Overhead Expense Protection plan underwritten by Mutual of Omaha was offered to the membership in September, 1968. The company agreed that if 526 applications were received during a 6 month charter enrollment period ending March 1, 1969, then all eligible members under 69 years of age would be accepted regardless of medical history during a 60 day open enrollment period. Subsequently, the company agreed to extend the charter enrollment period 60 days to May 1, 1969.

Disability Program: Effective with the December, 1968 anniversary date of the policy the Group Disability Program administered by J. L. Crumpton of Durham was guaranteed renewable to age 70. Members are now assured that their protection will continue in full effect until they become 70 years old.

Resolutions

This report is informational in nature and no resolutions are presented.

INSURANCE COMMITTEE

Supplemental Report 1

Since filing the initial report the Committee has received a proposal from North Carolina Blue Cross and Blue Shield, Inc., for a new contract to replace the current group hospital-medical plan. The new contract offers substantial increases in benefits and the premiums are less in all categories except the family plan under Class I where the quarterly premium is only 66 cents more. The company advises that the new contract can be made effective by October 15, 1969.

Information on the new plan will be distributed to the members of the House of Delegates, including a comparison of the benefits offered under the new contract with those under the current plan.

The Committee recommends that this new contract be approved.

30. Resolved, that the Insurance Committee be authorized, to accept the new group hospital — medical plan proposed by North Carolina Blue Cross and Blue Shield, Inc.

LEGISLATIVE COMMITTEE

MOTT P. BLAIR, *chairman*

C. B. TAYLOR
L. C. HOLSHOUSER

H. ROYSTER CHAMBLEE
PAUL E. JONES

Legislative Objectives: The Legislative Committee has been actively supporting the following legislation in the 1969 General Assembly:

- (1) Professional Incorporation Act (HB 208)
- (2) Request of the State Board of Health for \$45,000 to aid communities to fluoridate their public water supply.
- (3) An appropriation of \$11.2 million for a dental care program under Title XIX

The Committee is aware that the Dental Practice Act Committee is

preparing amendments to the dental laws of North Carolina. The Committee will be prepared to submit this legislation to the General Assembly when the amendments are completed.

Liaison Dentists: The Committee is indebted to 154 dentists who have agreed to serve in liaison capacity to all the members of the General Assembly. To date, it has not been necessary to use these liaison dentists except in a very limited way. It is very probable that all of them will be called into action before the General Assembly adjourns. The Committee appreciates their standing by.

Professional Incorporation Act: In cooperation with the North Carolina Association of Professions, the Committee is supporting a Professional Incorporation Act (HB 208) which will permit dentists and other professional people to incorporate and thus gain tax savings and investment benefits.

The bill was introduced in the House by Representative Sam Johnson of Wake County on February 24. An identical bill was introduced in the Senate by Senator William W. Straton of Burlington. Subsequently, the House approved the bill after several technical amendments were made. The bill is now in the Senate Judiciary II Committee. It is anticipated that the bill will be treated favorably by the Committee and the Senate.

Fluoridation Funds: A request for \$45,000 by the State Board of Health to provide matching funds to communities which fluoridate their water supply was turned down by the Advisory Budget Committee. Efforts are being made to urge the Commission to restore these funds. The Committee is supporting these efforts.

Medicaid: An \$11.2 million dental care program under Title XIX has been recommended by the Advisory Budget Committee. Dr. E. U. Austin, Chairman, Dental Care Programs Committee testified in behalf of the program before the Joint Appropriations Committee on March 13.

The General Assembly must implement Title XIX (Medicaid) by January 1, 1970 or all federal aid to North Carolina for categorical recipients will be cut off by 1975.

It is anticipated that the General Assembly will enact Title XIX legislation before it adjourns. The Committee is making every effort to insure that an adequate dental care program will be included.

Resolutions

This report is informational in nature and no resolutions are presented.

MEMBERSHIP COMMITTEE

FRANK G. ATWATER, *chairman*

GENE L. REESE
WILLIAM H. PRICE

W. KENNETH YOUNG
JOHN N. DENNING

WALTER S. LINVILLE, JR.

Membership 1968: As of December 31, 1968, there were 1,431 members in good standing, a net gain of 29 members during the year as shown below:

Membership, December 31, 1967		1,401
Gains		
New Members	46	
Reinstated members	7	
	—	53
		<hr/> 1,454

Losses

Deceased	12	
Resigned	3	
Dropped from Roll.....	8	
Retired Roll	1	24

Membership, December 31, 1968.....	1,430
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Membership by Districts, December 31, 1968

District	Active	Life	Total
First	256	23	279
Second	316	48	364
Third	304	31	335
Fourth	201	26	227
Fifth	190	35	225
	<u>1,267</u>	<u>163</u>	<u>1,430</u>

Retired Roll: On December 31, 1967 there were six members on the retired roll. One was added during the year making a total of seven as of December 31, 1968.

ADA Life Members: On December 31, 1967 there were 172 ADA Life members. During 1967 seven ADA life members died and one transferred to the retired roll, leaving a total of 164 ADA life members on December 31, 1968.

Nine members qualified for ADA life membership in 1967, effective in 1968. They are: Isaac A. Booe, King; William J. McDaniel, Rutherford-ton; J. Homer Guion, Charlotte; Harry A. Karesh, Greensboro; Robert E. Long, Statesville; William A. Matheson, Boone; Robert P. Melvin, Winston-Salem; Samuel W. Shaffer, Greensboro; and Marcus R. Smith, Rae-ford.

Since January 1, 1968, two ADA life members have died leaving a total of 171 ADA life members on April 1, 1969.

Membership 1968: Since January 1, 1969, six members have resigned, three have died, leaving a total membership of 1,421 as of April 1, 1969. Of that number 1,395 are in good standing and 21 are delinquent. A breakdown by Districts as of April 1 follows:

District	Active	Life	Delinquent	Total
First	246	24	6	276
Second	304	51	10	365
Third	292	34	3	329
Fourth	198	27	2	227
Fifth	186	33	5	224
	<u>1,226</u>	<u>169</u>	<u>26</u>	<u>1,421</u>

Resolutions

17. **Resolved**, that it be made a matter of record that the following did not pay 1968 dues by December 31, 1968, and have been dropped from the roll according to Article VI, Section 6 of the *Bylaws*:

First District —J. E. Hair, Canton
 Second District—Robert H. Libby, Charlotte
 Curtis S. Reid, Winston-Salem
 Roy W. Wilson, Charleston, S. C.
 Third District —J. J. Wilson, High Point
 Fourth District—Thomas H. Fetzer, Raleigh
 John T. Fox, Selma
 Fifth District —W. B. Belois, Wilmington

PUBLIC RELATIONS COMMITTEEL. P. MEGGINSON, JR., *chairman*J. DONALD KISER
DAVID H. FRESHWATERRICHARD S. HUNTER
WILLIAM S. PREVOST, JR.

The committee is pleased to announce that Mrs. Bernadette Hoyle of Raleigh will handle all publicity releases on the 1969 Annual Session. Mrs. Hoyle is an experienced reporter, writer, and photographer. The committee feels fortunate in securing her services.

Mrs. Hoyle will prepare pre-convention releases and will be at Pinehurst to file daily releases via the wire services during the convention. All stories will be checked by the Publicity Committee prior to release.

Resolutions

This report is informational in nature and no resolutions are presented.

RELIEF COMMITTEEJ. WILLIAM HEINZ, (1969), *chairman*S. L. BOBBITT (1970)
W. H. BREELAND (1971)H. W. GOODING (1972)
J. T. LASLEY (1973)

Meetings: The committee met on Tuesday, May 7, 1968.

Current Grants: On May 27, 1968 a relief grant to a member of the fourth District was approved by the ADA. He died on July 21, 1968. In September 26, 1968 a relief grant to his widow was approved for 12 months, and renewed on March 20, 1969. Currently, she is the only one receiving aid from the Relief Fund.

Applications Pending: There are two applications for a relief grant now under investigation.

Facts and Figures: During 1967-68 North Carolina dentists contributed 2,035.00 to the ADA Relief Fund which was 116.3 per cent of its assigned quota of \$1,750.00. Seventy-five per cent of the total contributions (\$1,262.50) was returned to the North Carolina Dental Society Relief Fund.

In the 1968-69 campaign North Carolina exceeded its quota of \$1,800.00 by the end of February, with contributions totalling \$1,094.50.

With the approval of the House of Delegates proceeds from the Auxiliary's 1968-69 Scrap Amalgam Drive will be donated to the N. C. Dental Auxiliary Fund administered by the Dental Foundation of N. C., Inc.

Since 1954 the Auxiliary has contributed a total of \$37,081.89 to the Relief Fund. The assets of the Relief Fund now total in excess of \$50,000.00 and it was felt that for the present time at least, the proceeds from the Scrap Amalgam Drive could be put to better use in the Dental Auxiliary Fund.

During fiscal 1968-69 the Relief Fund will pay out in grants \$1,100.00.

Resolutions

This report is informational in nature and no resolutions are presented.

COMMITTEE ON RULES AND ORDERJAMES H. EDWARDS, *chairman*

P. C. PURVIS

GORDON L. TOWNSEND

H. E. MAXWELL

Speaker of the House: Article III, Section 6 of the *Bylaws* provides that: "The Speaker of the House shall preside at all meetings of the

House of Delegates and shall determine the order of business for all meetings subject to the approval of the House of Delegates and shall perform such other duties as custom and parliamentary usage require. The decision of the Speaker shall be final unless an appeal from decision shall be made by a member of the House in which case final decision shall be by majority vote."

The above provision is interpreted by this committee to include authority of the Speaker to appoint a parliamentarian and such committees of the House as he deems necessary to expedite business. Further, the committee recommends that the Speaker be granted a vote only in case of a tie.

Adoption of Agenda: The committee submits the agenda on pages iii and iv (blue sheets) for this session of the House of Delegates and recommends its approval as the official order of business.

Voting Procedures: The method of voting in the House will usually be indicated by the Speaker in the call for the vote: voice vote, hand vote, or rising vote. When a rising vote is called for, delegates are asked to remain standing until the count has been completed and the Speaker indicates that the voters may be seated.

A 90 per cent vote shall be interpreted as requiring 90 per cent of all legal votes cast.

A two-thirds vote shall be interpreted as requiring two-thirds of all legal votes cast.

Recognition of Those Wanting to Speak: When a member wishes to address the House, he should secure the attention of the Speaker and not begin to speak until he has been recognized by the Chair. He should then state his name and his district for the benefit of the recorder.

Access to the Floor: Access to the floor of the House will be permitted only to Delegates, Officers, and Staff. Alternate Delegates and members of the Society will be seated in a special section of the House.

Attendance of Representatives of the Press: Members of the House will wish to be guided in their deliberations and debate by the knowledge that representatives of the press may be in the visitors gallery.

Introduction of New Business at Last Meeting: No new business, except the Report of the Clinic Board of Censors, shall be introduced into the House of Delegates at the final meeting of the House, unless by unanimous consent. Approval of such business shall require unanimous vote.

Privilege of the Floor: Article III, Section 6 of the *Bylaws* provides that: "Chairmen and members of committees who are not members of the House of Delegates shall have the right to participate in the debate of their respective reports, but shall not have the right to vote."

At the discretion of the Speaker, with the approval of the House, privilege of the floor may be granted to any member of the Society and Staff.

Minority Report: Attention is called to Article III, Section 2 of the *Bylaws* which states: "Ten members of the House of Delegates may file a minority report dissenting from the action of the House of Delegates and appeal to the General Session of the Society."

Reference Committees: All reports and resolutions of committees, except amendments or alterations to the *Constitution and Bylaws*, matters of ethics, and recommendations of the President, may be referred to reference committees appointed by the Speaker.

The standing Committee on Constitution and Bylaws will constitute the reference committee on amendments and alterations to the *Constitution and Bylaws*.

The standing Committee on Ethics shall constitute the reference committee on all matters pertaining to ethics.

The special Committee on the President's Address will constitute the reference committee on recommendations of the President.

Roll Call: The roll will be called by the Secretary-Treasurer at the beginning of each meeting. For the record, those answering the roll at that time will constitute the Delegates in attendance for that meeting. No substitutions for Delegates will be made after roll call, except by request of the floor chairman of the delegation concerned.

Floor Chairman: District delegations shall elect a floor chairman (unless he is designated by the District Bylaws) and report their names to the Secretary prior to the second meeting of the House. The Floor Chairman will designate the delegates to comprise the delegation from his district for each meeting of the House of Delegates.

Seating of Delegates: Delegates are requested to seat themselves according to the floor plan of the House. This will enable the Speaker to recognize and identify any delegate who wants to speak.

Disposition of Reports: All reports will be referred to a reference committee by the Speaker of the House. The reference committee, after evaluating a report, must advise the House to adopt, amend, postpone, or reject all resolutions presented in the report. If no resolutions are presented in the report, the reference committee will present the report to the House of Delegates with appropriate comments and a motion that the report be filed for information and printed in the Transactions. A reference committee may not 'pigeon hole' any item, but must refer it to the House of Delegates for final action.

Resolutions

14. **Resolved**, that the agenda on pages iii and iv (blue sheets) be adopted as the official order of business for this session of the House of Delegates.

15. **Resolved**, that the list of referrals submitted by the Speaker of the House of Delegates be approved.

16. **Resolved**, that the report of the Committee on Rules and Order be adopted, and be it further

Resolved, that the report of the Committee on Rules and Order constitute the rules for the proper conduct of business at this session of the House of Delegates.

STATE PLANNING COMMITTEE FOR DENTISTRY PROGRESS REPORT—JUNE 1, 1968 THROUGH MAY 30, 1969

E. A. PEARSON, JR., *chairman*

EDWARD U. AUSTIN
BENNIE D. BARKER
JAMES W. BAWDEN
AMOS S. BUMGARDNER
T. G. COLLINS
A. M. CUNNINGHAM

WALTER H. FINCH, JR.
J. HOMER GUION
JOHN T. HUGHES
JOSEPH M. JOHNSON
ROY L. LINDAHL
J. A. MENIUS

COLIN P. OSBORNE, JR.

The committee held three meetings during this year. The dental needs of the people of North Carolina have been identified and documented in a report entitled "North Carolina Dental Society, Report of the Planning Committee." This report completes the first objective of the Planning Committee and is designated as Phase I of the committee's assignment. Phase II has been concerned with identifying needs of the profession

of dentistry in North Carolina and identification of all the dental resources within the state. Our committee has been divided into subcommittees and given special assignments to study and report on these objectives. Much of this work has been completed and the subcommittees' reports will be compiled and submitted later.

The committee is dedicated to the task of planning for dentistry and will continue in the most effective manner possible.

Resolutions

This report is informational in nature and no resolutions are presented.



Coffee Break at the 113th Annual Session

Resolutions

SUBMITTED BY
THE EXECUTIVE COMMITTEE

Executive Committee

JOINT ADVISORY COMMITTEE ON DENTAL EDUCATION

Background Statement. For a number of years the Department of Community Colleges has had an Advisory Committee on the Education of Dental Auxiliary Personnel to assist the Department in the development of such programs in the community colleges and technical institutes throughout the State of North Carolina. This Advisory Committee is broadly constituted and represents those people most knowledgeable in the field of dental auxiliary training.

In recent months a major concern of the Advisory Committee and the profession has been that the State provide a mechanism by which establishment of all new dental education programs can be implemented in a well coordinated and reasonably planned fashion in all institutions of higher learning throughout the State. The Advisory Committee has been in a position to express its opinions about establishment of dental auxiliary education programs within the Community College system; but, of course, has no relationship to those institutions which operate under theegis of the State Board of Higher Education. It also has not considered programs at the D.D.S. or graduate level. Thus, dental education programs could be established in one area of our higher education system without coordination and consultation with the other major component of the system. Such circumstances could well lead to ill-advised patterns of program establishment and less than efficient utilization of the State's resources.

Consequently, it is urgent that the State Board of Higher Education and the State Board of Education establish a Joint Advisory Committee on Dental Education for the purpose of considering establishment and development of all such programs throughout the entire higher education system in North Carolina. The joint committee would submit its recommendations and deliberations to both boards and the agencies under their supervision directly concerned. It would also expand its considerations to include all dental education programs.

The present Advisory Committee would continue to function as it has. However, some duplication would occur and it would seem advisable to absorb the present committee function into the proposed joint activity. Such an arrangement would substantially improve the potential for developing a system of dental education which is carefully planned and geographically distributed to best meet the needs of the citizens of North Carolina.

On May 11, 1969, the Executive Committee voted to recommend that the House of Delegates adopt the following resolution:

31. **Resolved**, that the North Carolina Dental Society urge the State Board of Higher Education and the State Board of Education to establish a Joint Advisory Committee on Dental Education to coordinate the establishment and development of all dental education programs throughout the entire higher education system in North Carolina.

Executive Committee HONORARY MEMBERSHIPS

The Executive Committee presents the following resolution for adoption by the House of Delegates:

26. **Resolved**, that in accordance with Chapter IV, Section 2 of the *Bylaws*, the following be elected to honorary membership in the North Carolina Dental Society:

Harry M. Klenda, D.D.S., Wichita, Kansas, President-Elect, American Dental Association

Ralph W. Phillips, M.S., D.Sc., Research Professor of Dental Materials Indiana School of Dentistry

Kermit K. Knudtzon, D.D.S., Professor of Practice Administration and Dental Science, School of Dentistry, University of North Carolina

Executive Committee DUES INCREASE

Background information. Inflationary pressures have caused an overall rise in operating costs of the Society in the past nine years since the last dues increase. Reserve funds are and were at a sub-optimal level necessitating a resolution in the House of Delegates two years ago that the Society would henceforth incur no new liabilities but only appropriate funds for expenditures which were absolutely necessary. This year the reserve will have to be invaded for legal and other expenses incident to the work of the Dental Practice Act Committee. At the next legislature we will have the expense of putting a major revision of the act through.

The Central Office has expanded physically in size and numerically in staff from nine years ago. Salaries have and will have to be adjusted to reflect the increased cost of living if we are to remain competitive in our salary structure.

Annual Session expenses, particularly clinician costs are on the rise and must be met if we are to attract the top clinicians for our meetings.

Resolution

27. **Resolved**, that the words and figures "thirty-five (\$35.00)" be deleted from the first sentence of Section 1, Article VI of the *Bylaws* and the words and figures "fifty-five (\$55.00)" be substituted therefor.

Report of Delegation To A.D.A.

ERBIE M. MEDLIN (1970), *Chairman*

EDWARD U. AUSTIN (1971)

RALPH D. COFFEY (1971)

PAUL E. JONES (1969)

ROY L. LINDAHL (1969)

COLIN P. OSBORNE, JR. (1969)

Article V, Section 3 of the *Constitution* requires that the delegates to the American Dental Association elect a chairman at least 60 days prior to the convening of the House of Delegates of the American Dental Association, and that the chairman submit a report to the Society at the next annual meeting.

Officers Elected. In compliance with the Constitution the delegates met on Monday, May 6, 1968 and elected the following officers: Erbie M. Medlin, chairman; Ralph D. Coffey, vice chairman; and Roy L. Lindahl, secretary.

Representation in Miami Beach. All delegates attended the 109th Annual Meeting of the American Dental Association in Miami Beach, October 27-31, 1968.

Also in attendance were Andrew M. Cunningham, Executive Secretary and the following alternate delegates: Drs. Frank G. Atwater, A. Breece Breland, Joseph M. Johnson, George F. Kirkland, Jr., and James H. Lee.

North Carolina Caucus. The delegation met in caucus on Sunday, October 27 at 7:30 a.m. in the North Carolina Headquarters Suite in the Eden Roc Hotel. The caucus was convened 30 minutes earlier than the customary time to permit the members of the delegation to fulfill other commitments during the day. A continental breakfast was served.

All delegates attended the caucus. In addition the Executive Secretary and the following alternates were present: Drs. Johnson and Kirkland.

Dr. James A. Bawden, Dean, UNC School of Dentistry was a guest at the caucus.

Resolution 24 submitted by North Carolina requesting the ADA to rescind its approval of the publication *How to Protect Dental Health While Enjoying Candy* published by the National Confectioners Association was the main topic of discussion. It was noted that the Board of Trustees had recommended that the resolution be postponed indefinitely. Strategy was developed to win sufficient support in the House to adopt the resolution. Dr. Lindahl was appointed to speak in behalf of the resolution at the Fifth District Caucus, the appropriate reference committee, and on the floor of the House.

Assignments of delegates and alternates to Reference Committees by

the chairman of the Fifth District were reviewed and confirmed as follows: Drs. Medlin and Johnson, Dues Increase; Dr. Coffey, Miscellaneous Business; Dr. Jones, Legislation and Judicial Procedures; Dr. Osborne, Dental Laboratory Relations; Drs. Lindahl, Austin and Lee, Public Health; Dr. Kirkland, President's Address and Administrative Affairs.

Fifth District Caucuses. Two caucuses of the Fifth Trustee District were held. At the caucus on Monday, October 28 at 7:30 a.m., all delegates, the Executive Secretary, and the following alternates were present: Drs. Johnson, Kirkland and Lee. Dean Bawden was a guest of North Carolina at the caucus.

Assignments of delegates and alternates to observe and report on Reference Committee hearings were announced and reviewed.

The Florida delegation consumed a good part of the time presenting arguments for a resolution on dental education.

The North Carolina resolution requesting the ADA to rescind its approval of the publication *How to Protect Dental Health While Enjoying Candy* published by the National Confectioners Association was unanimously endorsed.

It came to light that many delegates with confirmed reservations at the headquarters hotel were refused rooms. There were 36 delegates in the Fifth District alone whose confirmed reservations were not honored. It is the common practice of convention hotels to overbook to compensate for "no show" reservations. Apparently the hotel was unaware of the faithfulness of dental delegates in fulfilling their obligations as representatives of their constituent societies. A resolution was adopted for consideration by the House of Delegates to safeguard priorities of delegates and constituent society officials for rooms at the Headquarters hotel at future meetings of the ADA.

At the caucus on Wednesday, October 30 at 7:30 a.m., all delegates, the Executive Secretary, and the following alternates were present: Drs. Johnson and Lee. Dean Bawden and Dr. E. A. Pearson, Jr., director of Dental Health Division, North Carolina State Board of Health were guests of North Carolina at the caucus.

Reports on Reference Committee hearings were presented.

Reference Committees. All delegates and alternates faithfully attended Reference Committee hearings which were held all day on Tuesday, October 29. Those assigned by the Chairman of the Fifth District included: Dr. Medlin and Dr. Johnson, Dues Increase; Dr. Jones, Legislation and Judicial Procedures; Dr. Coffey, Miscellaneous Business; Dr. Osborne, Dental Laboratory Relations, Drs. Lindahl, Austin and Lee, Public Health; Dr. Atwater, Dental Education and Hospitals; Dr. Kirkland, President's Address and Administrative Affairs.

House of Delegates. All six delegates attended three sessions of the House of Delegates on Monday, October 28; Wednesday, October 30; and Thursday, October 31. Seated with the delegation at all three sessions were the Executive Secretary and the Secretary-Treasurer.

We are happy to report that the North Carolina resolution requesting the ADA to rescind its approval of the publication *How to Protect Dental Health While Enjoying Candy* published by the National Confectioners Association was adopted.

Drs. Lindahl, Lee, Austin and Medlin appeared before the Reference Committee in behalf of this resolution. The Reference Committee, in spite of this excellent testimony, recommended that the resolution be postponed indefinitely. However, under the capable leadership of Dr. Lindahl on the floor of the House, the resolution was adopted by a substantial majority.

A resolution by the Board of Trustees requesting a dues increase of \$20 was rejected 274 to 140, two votes short of the necessary two-thirds vote. Subsequently, a motion to reconsider was adopted and motion to raise dues \$10 was defeated. Finally, a resolution raising the dues \$15 was adopted. Thus ADA dues will be \$55 annually, effective January 1, 1969.

In other actions the House adopted a resolution on licensure and resolution on continuing education which read:

Resolved, that constituent dental societies, in consultation with state boards of dentistry, are urged to develop mechanisms to insure the continued education of all dentists licensed in their jurisdiction.

A resolution on radiation hygiene was also adopted which amended ADA policy on radiation hygiene to read as follows:

Radiographic examination is a diagnostic procedure. The dentists' professional judgment should determine the frequency and extent of each radiographic examination.

Election of Officers and Trustees. Dr. Harry Klenda of Wichita, Kansas was elected president-elect.

Dr. Arthur W. Kellner of Hollywood, Florida was elected for a second term as trustee of the Fifth District.

Dr. Hubert A. McGuirl of Providence, R. I., was installed as the 105th president of the ADA at the closing session of the House of Delegates.

Comment. The meeting was successful from every standpoint with a record attendance for a Miami Beach meeting of 19,666.

Resolutions

This report is informational in nature and no resolutions are presented.

Dental Subcommittee North Carolina Regional Medical Program

JAMES W. BAWDEN, *Chairman*
EDWARD U. AUSTIN
BEN D. BARKER
ANDREW M. CUNNINGHAM
WALTER H. FINCH, JR.
COLIN P. OSBORNE, JR.
E. A. PEARSON, JR.
DONALD W. WARREN
PHILIP W. WEBSTER

The Dental Subcommittee was appointed and became functional in 1967 when it was deemed that there was a general need for a role for dentistry in the management of patients presenting with one of six categorical diseases; heart, stroke, cancer, renal, diabetes, and hemorrhagic disease. This committee submitted a grant application to the North Carolina Regional Medical Program requesting funds to support a continuing education program embracing comprehensive care for these patients. The application was approved and funded in May, 1968 and became operational in September, 1968.

The project entails an extensive continuing education program to be instituted in six pilot community hospitals in North Carolina. Courses will be instituted to provide the dentist with the most current information on the diagnosis, clinical management, and follow-up care for the general medical management of patients presenting any of these six diseases. Continuing education courses will be provided for the physician in order to stimulate his appreciation for attention to the problems of oral disease and courses will be offered to combined groups of physicians and dentists to deal with the specifics of cooperative patient management. Courses will also be provided in the community hospital to increase the number of dental practitioners in the community who are thoroughly familiar with the rules, regulations, and protocol of that hospital.

Drs. Don Marbry and Webb McCracken joined the project in September, 1968 as Director and Associate Director and are presently implementing the planning phase of the project. This planning phase is scheduled to continue until Fall 1969, at which times the actual implementation of courses will begin.

The project is receiving continuous evaluation in terms of interim objectives during the planning phase from periodic review by the Dean of the School of Dentistry, and members of the Dental Subcommittee, which is continuing as an advisory group to the project.

Resolutions

This report is informational in nature and no resolutions are presented.

Resolutions

ADOPTED BY
1969 HOUSE OF DELEGATES

1-1969-H. Resolved, that in accordance with Chapter IV, Section 2 of the *Bylaws*, the following be elected to honorary membership in the North Carolina Dental Society:

Harry M. Klenda, D.D.S., Wichita, Kansas, president-elect, American Dental Association
Ralph W. Phillips, M.S., D. Sc., research professor of dental materials, Indiana School of Dentistry
Kermit K. Knudtson, D.D.S., professor of practice administration and dental science, School of Dentistry, University of North Carolina

2-1969-H. Resolved, that the study of the dental laws of North Carolina be continued by the committee and sub-committees as now constituted.

3-1969-H. Resolved, that the revisions in the dental laws of North Carolina recommended by the sub-committee on Dental Hygiene be approved in principle with the following exceptions:

1. Change paragraph 'a' under Section 90-232 to read: "A dental hygienist may practice under the direct supervision of one or more licensed dentists in:"

2. Change paragraph 'b' under Section 90-232 to read: "A dentist in private practice may employ more than one dental hygienist at one and the same time when permitted by the rules and regulations of the Board of Dental Examiners."

3. Delete paragraph 'd.1' under Section 90-232 delete "ten (10) days" and substitute therefor "thirty (30) days," so that it shall read: "The accepted rule change must be (1) filed with the appropriate State agency, the Secretary of State, and (2) a copy distributed to the licensed dentists and dental hygienists within thirty (30) days of final approval by the Board."

5. In the paragraph "Further Revisions" under Section 90-232 delete 1 and 2 so that it shall read: "The committee contemplated that these recommendations would increase the responsibilities as well as the work of the Board. Consideration should be given to employing an executive secretary to be responsible for administration of the policies of the Board."

4-1969-H. Resolved, that the recommendations contained in the report of the sub-committee on Specialty Licensure be approved, and be it further **resolved**, that the said recommendations be submitted to the Society's legal counsel and that he be requested to prepare them in proper legal and statutory language, and be it further

Resolved, that the recommendations as prepared by legal counsel be submitted to the Legislative Committee for enactment by the General Assembly into the General Statutes of North Carolina.

5-1969-H. Resolved, that a new section be added to the General Statutes of North Carolina providing provisional licenses to read as follows:

90-29.4 Provisional License. (a) The Board shall, subject to its rules and regulations, issue provisional license to practice dentistry to any per-

son who is licensed to practice dentistry anywhere in the United States or in any country, territory or other recognized jurisdiction, if the Board shall determine that said licensing jurisdiction imposed upon said person requirements for licensure no less exacting than those imposed by this State. A provisional licensee may engage in the practice of dentistry only in strict accordance with the terms, conditions and limitations of his license and with the rules and regulations of the Board pertaining to provisional license.

(b) A provisional license shall be valid until the date of the announcement of the results of the next succeeding Board examination of candidates for licensure to practice dentistry in this State, unless the same shall be earlier revoked or suspended by the Board.

(c) No person who has failed an examination conducted by the North Carolina State Board of Dental Examiners shall be eligible to receive a provisional license.

(d) Any person desiring to secure a provisional license shall make application therefor in the manner and form prescribed by the rules and regulations of the Board and shall pay the fee prescribed in Section 90-39 of this Article.

(e) A provisional licensee shall be subject to those various disciplinary measures and penalties set forth in Section 90-41 upon a determination of the Board that said provisional licensee has violated any of the terms or provisions of this article.

6-1969-H. Resolved, that Section 90-41.1 be amended by inserting the words "provisional licensee" after the word licensee in the first sentence so that it shall read: "Every licensee, provisional licensee or applicant...."

7-1969-H. Resolved, that the recommendations submitted by the subcommittee on Dental Assisting and approved by resolution 8-1968-H. of the House of Delegates be amended to read as follows:

I. Based upon education, training, and experience, dental assistants shall be categorized as a Category I or a Category II Dental Assistant.

II. Definitions:

A. A **Category I Dental Assistant** is a Dental Assistant who has not completed an education and training program accredited by the Council on Dental Education of the American Dental Association, or one who is not certified by the Certifying Board of the American Dental Assistants Association, or one who is not eligible for certification by the Certifying Board of the American Dental Assistants Association, or who has not been employed as a Dental Assistant for at least three (3) years prior to January 1, 1973; provided, further, that any person initially employed as a Dental Assistant on or subsequent to January 2, 1970, without first completing an education and training program accredited by the Council on Dental Education of the American Dental Association shall be and remain a Category I Dental Assistant until such time as said persons shall be eligible for certification by the Certifying Board of the American Dental Assistants Association.

B. A **Category II Dental Assistant** shall be a Dental Assistant who has completed an education and training program accredited by the Council on Dental Education of the American Dental Association, or is currently certified by the Certifying Board of the American Dental Assistants Association, or is eligible for certification by the Certifying Board of the American Dental Assistants Association, or who has been employed as a Dental Assistant for at least three (3) years prior to January 1, 1973.

III. Functions of Dental Assistants:

A. **Category I Dental Assistant.** The Category I Dental Assistant may do and perform those functions, generally ascribed to Dental Assistants

such as office upkeep, reception, telephone and appointment services, business management, and laboratory procedures. A Category I Dental Assistant may also assist a licensed dentist in operatory procedures so long as the acts and function of said Dental Assistant in so doing do not constitute acts included within the definition of the practice of dentistry as set forth in the General Statutes of the State of North Carolina or in the rules and regulations of this Board.

Additionally, a Category I Dental Assistant may do and perform the following acts and functions, after adequate training and direction, under the direct control and supervision of a licensed dentist, which licensed dentist shall be personally and professionally responsible and liable for any and all results or consequences arising from the performance of said acts and functions;

1. Take X-ray pictures of the mouth, gums, jaws, teeth, or any portion thereof for dental diagnostic purposes;
2. Apply topical fluorides directly to the teeth of any person or persons whom said licensed dentist is treating;
3. Apply topical anesthetics and other topical medications within the oral cavity of any person or persons whom said licensed dentist is treating.

B. Category II Dental Assistant. A Category II Dental Assistant may do and perform any and all acts or functions which may be done or performed by a Category I Dental Assistant. Additionally, a Category II Dental Assistant may do and perform the following acts and functions under the direct control and supervision of a licensed dentist, which licensed dentist shall be personally and professionally responsible and liable for any and all consequences or results arising from the performance of such acts and functions:

1. Remove sutures placed in the oral cavity;
2. Place and remove rubber dams within the oral cavity;
3. Remove excess cement from restorations placed in or upon the teeth of any person whom said licensed dentist is treating.
4. Remove and change periodontal packs and surgical dressings placed in the oral cavity of any person or persons whom said licensed dentist is treating;
5. Place temporary cements and temporary fillings, such as zinc oxide preparations, calcium hydroxide preparations and temporary stopping, in cavity preparations made by said licensed dentist.

IV. Statement of Intent. As Dental Assistants are trained and qualified to assume additional duties through courses approved by the North Carolina State Board of Dental Examiners, it is the intent and purpose of the Board to allow and permit additional functions and acts to be delegated to qualified Dental Assistants.

8-1969-H. Resolved, that the report of the sub-committee on Dental Assisting be referred to Society's legal counsel for clarification of language, and be it further

Resolved, that as so clarified it be referred through appropriate channels of the North Carolina Dental Society for consultation with the Board of Dental Examiners with the urgent request that it implement the report.

9-1969-H. Resolved, that dentists be urged to encourage qualified high school students and other individuals to pursue a career in dental hygiene and thereby keep all our schools of dental hygiene filled to capacity.

10-1969-H. Resolved, that the Executive Committee be authorized to allocate from its reserve funds a sum up to \$1,000.00 to acquire common stock in the insurance company which will be formed to operate in conjunction with the dental service corporation system.

11-1969-H. Resolved, that the Insurance Committee be authorized to accept the new group hospital-medical plan proposed by North Carolina Blue Cross and Blue Shield, Inc.

12-1969-H. Resolved, that the words and figures "thirty-five (\$35.00)" be deleted from the first sentence of Section 1, Article VI of the *Bylaws* and the words and figures "fifty (\$50.00)" be substituted therefor.

13-1969-H. Resolved, that Article I of the *Bylaws* be deleted and the following be substituted therefor:

ARTICLE I—DUTIES OF OFFICERS

Section 1. The President shall preside at all meetings of this Society, preserve order, regulate debates, and appoint standing committees as provided in Article VII of the *Constitution*, and such other committees as may be deemed necessary. He shall give deciding vote on all ties, except in election of officers, when he shall have the same voting power and privileges as other members; call special meetings upon written request of a majority of the officers of the Society, including the Executive Committee and the Ethics Committee, and perform such other duties as may from time to time be assigned to him, and shall deliver an address at the opening session of the next annual meeting after assuming office. The recommendations which will be presented in the President's Address must be submitted by him to the Committee on the President's Address and to all members of the House of Delegates at least 15 days prior to the Annual Meeting.

Section 2. The President-Elect shall automatically become President upon the installation of officers at the next annual meeting after his election as President-Elect. He shall serve as Director of Districts.

Section 3. The Vice President shall assist the President as requested. He shall succeed to the office of President as provided in this Article of the *Bylaws*.

Section 4. The Secretary-Treasurer shall keep an accurate record of the proceedings of the meetings of the Executive Committee. He shall notify all officers and committeemen in writing of their election or appointment. He shall take charge of all letters and communications addressed to the Society and conduct its correspondence. He shall give due notice of the time and place of all annual and special meetings of the Society and of any committee when so requested by the President or committee chairmen.

He shall be responsible for the collection of dues owed to the district societies, the North Carolina Dental Society and the American Dental Association. He shall send to the Secretary-Treasurer of the district societies monies collected for district dues from their members. He shall transmit to the General Secretary of the American Dental Association, all monies collected for dues to the American Dental Association, plus one dollar (\$1.00) per active member to the American Dental Association Relief Fund. He shall settle all debts of the Society upon approval of the President.

He shall give bond in the amount of \$25,000.00 in a surety company licensed to do business in North Carolina, said bond to be at the expense of the Society, provided that the amount of said bond may be changed at the discretion of the Executive Committee and that the Chairman of the Executive Committee be designated as custodian of said bond.

He shall serve as custodian of the Trust Property of the North Carolina Dental Society Relief Fund under the direction of its Trustees consistent with the Trust Indenture and the rules and regulations adopted thereunder.

The out-going Secretary-Treasurer shall make a detailed report of the financial affairs of the North Carolina Dental Society at the annual meeting of the Society for the year immediately preceding. He shall make an additional final report to the Executive Committee within thirty days

after the annual meeting, this to be published in the Proceedings. The books, vouchers, checks, stubs, and all papers having to do with the finances of the Society shall be delivered to the outgoing Executive Committee, who shall have them audited by a licensed C.P.A. at the expense of the Society and delivered to the incoming Executive Committee within two months from the adjournment of the annual meeting.

Section 5. The Editor-Publisher shall publish the annual proceedings within five months following the annual meeting, at least two Journals, and any other notices and publications the Executive Committee may deem necessary. He shall make a detailed report of the affairs pertaining to the publication of the JOURNAL at the annual meeting of the North Carolina Dental Society for the year immediately preceding. He shall make an additional final report to the Executive Committee within thirty days after the annual meeting, this to be published in the Proceedings. The original records will be available for inspection by the Executive Committee whenever requested.

Section 6. In the event the office of President becomes vacant, the Vice President shall become President for the unexpired portion of the term.

In the event both the offices of President and Vice President become vacant, the President-Elect shall become President for the unexpired portion of the term, after which he shall serve a full term as President.

In the event the office of President-Elect becomes vacant, the President for the ensuing year shall be elected at the next annual session of the Society in accordance with Chapter IX of the *Bylaws*.

A vacancy in the office of the Vice President or in the office of the Secretary-Treasurer shall be filled for the unexpired portion of the term by a majority vote of the Executive Committee.

14-1969-H. Resolved, that Article VI of the *Bylaws* be amended by adding a section to read as follows:

Section 11. Active members elected to active membership in this Society for the first time and who are elected after July 1 shall be exempt from dues for the remainder of the calendar year. However, they may voluntarily pay one-half (1/2) of the current year's dues.

15-1969-H. Resolved, that Article XII of the *Bylaws* be amended by deleting Section 2 and substituting the following therefor:

Section 2. The Executive Committee may reimburse delegates and alternate delegates to the American Dental Association, official representatives designated by the President to represent the Society at meetings and conferences, officers, and committee chairmen and members for out-of-pocket expenses incurred in the proper execution of their duties.

16-1969-H. Resolved, that Article III, Section 2 of the *Constitution* be amended by deleting the entire first paragraph, and substituting the following therefor: :

Section 2. Active membership shall consist of members of the dental profession who are licensed to practice in the State of North Carolina, or who are licensed in another state and are employed on a full time basis as an educator in a dental school or as a dental officer by a Federal or State agency and who are members in good standing of a district or component society, of creditable professional attainments and of good moral character, having zeal for the profession and a proper regard for the varied obligations due from one member of the profession to another. Election to membership in a district or component society constitutes membership in the North Carolina Dental Society.

17-1969-H. Resolved, that Article VI of the *Bylaws* be amended by adding a section to read as follows:

Section 12. Members in good standing of another constituent society who transfer their membership to this Society shall be exempt from dues for the remainder of the calendar year in which they are elected to active membership in this Society.

18-1969-H. Resolved, that Article II of the *Bylaws* be amended by deleting Section 7 and substituting the following therefor:

Section 7. Dental Care Programs Committee. This committee shall consist of five members, one from each District Society, appointed by the President for terms of five years, four years, three years, two years, and one year respectively, and thereafter one member shall be appointed annually for a term of five years.

The duties of this committee shall be:

- (a) To formulate and recommend policies relative to the planning, administration, and financing of dental care programs.
- (b) To study, evaluate, and disseminate information on the planning, administration, and financing of dental care programs.
- (c) This committee or a sub-committee of this committee shall serve as a review committee for dental care programs.

19-1969-H. Resolved, that the Executive Committee be authorized to appropriate sufficient monies from the reserve funds to complete payment for legal expenses incident to the work of the Dental Practice Act Committee if necessary to achieve a balanced budget for the fiscal year 1968-1969.

20-1969-H. Resolved, that the statement *Use of Claim Forms By State Agencies* be approved, and be it further

Resolved, that state agencies consider using the uniform report form approved by the American Dental Association, and be it further

Resolved, that a copy of the statement be forwarded to the State Department of Administration.

21-1969-H. Resolved, that the Review Committee determine the relevancy of the usual, customary, and reasonable fee for treatment procedures to the terms of the contract.

22-1969-H. Resolved, that the Dental Care Programs Committee represent the Society in an advisory capacity to the Insurance Commission of the State of North Carolina in dental health matters.

23-1969-H. Resolved, that paragraph 2 of Policies and Procedures of the Review Committee be changed to read:

The Dental Care Programs Committee shall also represent the Society to the State of North Carolina Insurance Commission in an advisory capacity on dental health insurance matters, and be it further

Resolved, that paragraph 5 under Submission Procedures for Review in Policies and Procedures of the Review Committee be amended to read:

5. The attending dentist or the insurance carrier shall be notified of the submission of his or their case to the Review Committee by the chairman and be given two weeks to submit to the committee additional information in writing or to indicate his or their desire to appear personally with additional information before the committee. He or they shall not remain with the committee during their final consideration.

24-1969-H. Resolved, that the Dental Laboratory Relations Committee be encouraged to continue in its efforts to further the good relations now existing between the NCDS and NCDLA.

25-1969-H. Resolved, that local dental society groups be encouraged to issue invitations to laboratory personnel within their respective areas, to attend clinics and seminars which would be of mutual benefit.

26-1969-H. Resolved, that omission of dental laboratory listings in the Yellow Pages of the telephone directories be encouraged.

27-1969-H. Resolved, that each district president be requested to appoint a committee to work with and under the state committee on Hospital Dental Service.

28-1969-H. Resolved, that it be made a matter of record that the following did not pay 1968 dues by December 31, 1968, and have been dropped from the roll according to Article VI, Section 6 of the *Bylaws*:

First District—J. E. Hair Canton

Second District—Robert H. Libby, Charlotte; Curtis S. Reid, Winston-Salem; Roy W. Wilson, Charleston, S. C.

Third District — J. J. Wilson, High Point

Fourth District — Thomas H. Fetzer, Raleigh; John T. Fox, Selma

Fifth District—W. B. Belois, Wilmington

29-1969-H. Resolved, that the North Carolina Dental Society urge the State Board of Higher Education and the State Board of Education to establish a Joint Advisory Committee on Dental Education to coordinate the establishment and development of all dental education programs throughout the entire higher education system in North Carolina.



Table Clinic at the 113th Annual Session

General Sessions

SUNDAY, MAY 11, 1969

MONDAY, MAY 12, 1969

WEDNESDAY, MAY 14, 1969

FIRST GENERAL SESSION

Sunday, May 11, 1969

Call to Order: The first general session of the 113th Annual Session of the North Carolina Dental Society was called to order by President Colin P. Osborne, Jr., at 8:45 p.m. Sunday, May 11, 1969 in the Cardinal Ballroom of The Carolina, Pinehurst. Dr. Newton Smith pronounced the invocation.

Introduction of Officers and Guests: President Osborne introduced the following:

Officers: C. W. Poindexter, president-elect; Frank G. Atwater, Vice President; Joseph M. Johnson, secretary-treasurer; A. Breece Breland, editor-publisher; Ralph D. Coffey, speaker of the house.

Executive Committee: James H. Lee, chairman; Lackey B. Peeler, C. Z. Candler, George F. Kirkland, Jr.

Harold E. Maxwell, general chairman, 113th Annual Session.

Arthur W. Kellner, Hollywood, Florida, Trustee, Fifth District, American Dental Association.

Amos S. Bumgardner of Charlotte, a member of the Governor's Advisory Council on Comprehensive Health Planning.

Mr. Ken G. Beeston, vice president, North Carolina Blue Cross and Blue Shield, Incorporated.

Officers of Allied Groups: Miss Joyce Sigmon, president, North Carolina Dental Assistants Association; Miss Mary Faith Manyak, Worcester, Massachusetts, president, and Mrs. Janelle Butler, Cayce, South Carolina, trustee, and Mrs. Louis J. Carow, III, executive director, American Dental Assistants Association; Mrs. Jackelyn K. Morris, president, North Carolina Dental Hygienists Association; Mrs. Lona Hulbush, president-elect, and Mrs. Etta Mae Wirt, trustee, American Dental Hygienists Association; Mr. Carlton Newton, president, North Carolina Dental Laboratory Association; Mrs. L. P. Megginson, president, North Carolina Dental Auxiliary.

President Osborne presented to the audience his wife, Fran; his son, Colin; his daughters, Pamela, Becky and Elizabeth; and his Mother, Mrs. Colin P. Osborne of Southern Pines.

Auxiliary Scrap Amalgam Drive: Mrs. C. Fred Clark, Jr., chairman, Amalgam Scrap Committee, North Carolina Dental Auxiliary, announced that the Auxiliary's 1968-69 Scrap Amalgam Drive netted \$5,071.29. She presented a check in that amount of Dr. G. Shuford Abernethy, president, Dental Foundation of North Carolina, Incorporated to establish the North Carolina Dental Auxiliary Fund to be administered by

the Foundation. The Fund will be used to underwrite projects in dental education. Dr. Abernethy accepted the check with thanks in behalf of the Foundation.

President's Report: President Osborne addressed the members and guests assembled. The report of the president was referred to the Committee on the President's Address composed of Edward U. Austin, chairman, Cleon W. Sanders, and James A. Harrell.

Address by ADA President-Elect: Harry M. Klenda of Wichita, Kansas, president-elect of the American Dental Association addressed the members and guests assembled on the challenges facing the dental profession.

Honorary Membership: President Osborne presented certificates of honorary memberships in the Society to: Dr. Harry M. Klenda, Wichita, Kansas; Dr. Ralph W. Phillips, Indianapolis, Indiana; and Dr. Kermit K. Knudtson, Chapel Hill.

President Osborne bestowed the title of "Tar Heel" on Dr. Klenda and Dr. Phillips and presented each of them with a Tar Heel pin.

Dental Foundation Report: Dr. G. Shuford Abernethy, president, Dental Foundation of North Carolina, Incorporated presented a report on the activities of the Foundation and announced future plans of the Foundation for strengthening auxiliary personnel education in the community college system and the developing of a continuing education program in cooperation with community colleges, technical institutes, and the University.

Announcements: Dr. J. Harry Spillman, chairman of the Program Committee, urged the members to attend the scientific sessions on Monday and Tuesday.

The executive secretary read telegrams from Miss Joyce Sigmon, president, North Carolina Dental Assistants Association and Dr. Hubert A. McGuirl, president, American Dental Association extending best wishes for a successful annual meeting.

The executive secretary reported that at 6:00 p.m. registration totalled 855, including 372 members.

Necrology Service: In the absence because of illness of Dr. Robert T. Byrd, chairman, Necrology Committee, Dr. David W. Seifert conducted a memorial service in memory of the following members who died during the past year:

First District: Marshall R. Barringer, Newton, December 7, 1968; John F. Reece, Lenoir, December 10, 1968.

Fourth District: Livious D. Herring, Raleigh, May 14, 1968; W. Kemp Lindsay, Fayetteville, July 21, 1968; Thomas K. Smith, Fayetteville, September 30, 1968; Wilbert Jackson, Clinton, October 26, 1968; Robert P. Hamilton, Cary, December 15, 1968.

Fifth District: Wade H. Johnson, Plymouth, May 7, 1968; Clyde E. Minges, Rocky Mount, July 12, 1968; Joshua M. Kilpatrick, Robersonville, December 14, 1968; Vernon M. Barnes, Wilson, February 18, 1969; James W. Brown, Rich Square, March 9, 1969; Richard F. Hunt, Jr., Rocky Mount, March 16, 1969.

Adjournment: The meeting was adjourned at 10:45 p.m. with a moment of silent tribute to the deceased members.

SECOND GENERAL SESSION

Monday, May 12, 1969

Call to Order: The second general session of the 113th Annual Session of the North Carolina Dental Society was called to order by President Colin P. Osborne, Jr., at 8:35 p.m., Monday, May 12, 1969 in the Cardi-

nal Ballroom of The Carolina, Pinehurst. Dr. Lawrence A. Cameron pronounced the invocation.

Parliamentarian Appointed: President Osborne announced the appointment of W. D. Yelton as parliamentarian.

Recognition of Special Guests: President Osborne recognized Wade H. Breland, president-elect, National Board of Dental Examiners.

Report of Board of Dental Examiners: Dr. Freeman C. Slaughter, president, State Board of Dental Examiners reported on the Board's activities during the past year. He discussed the primary functions of the Board and commented on the changes in the dental laws of North Carolina proposed by the Society's Dental Practice Act Committee.

Report from UNC School of Dentistry: Dean James W. Bawden presented a resume of activities at the University of North Carolina School of Dentistry during the past year and outlined future plans for the school.

Election of Officers: President Osborne appointed the following to serve as tellers: G. Shuford Abernethy, J. Malcolm McAllister and W. Stewart Peery.

W. L. Hand, Jr., of New Bern was nominated for the office of president-elect by Thomas S. Fleming of Tarboro. The nomination was seconded by Thomas G. Collins of Raleigh, F. A. Buchanan of Hendersonville, L. P. Megginson, Jr. of High Point, Henry S. Zaytoun of Raleigh, and Bennie D. Barker of Chapel Hill. On motion by Darden J. Eure of Morehead City, seconded by Dr. R. B. Barden of Wilmington, the nominations were closed and Dr. Hand was elected by acclamation.

Richard H. Graham of Lenoir was nominated for the office of vice president by M. M. Forbes of Lenoir. The nomination was seconded by Charles P. Godwin of Rocky Mount. On motion by S. Everett Moser of Gastonia, seconded by C. C. Diercks of Morganton, the nominations were closed and Dr. Graham was elected by acclamation.

Joseph M. Johnson of Laurinburg was nominated to succeed himself as secretary-treasurer by Mitchell W. Wallace of Fayetteville. The nomination was seconded by George F. Kirkland, Jr., of Durham, and J. Harry Spillman of Winston-Salem. On motion by Burke W. Fox of Charlotte, seconded by J. Fred Sproul of Goldsboro, the nominations were closed and Dr. Johnson was elected by acclamation.

Paul E. Jones of Farmville was nominated to succeed himself as a delegate to the American Dental Association for a term of 3 years by Z. L. Edwards, Jr., of Washington. The nomination was seconded by Frank E. Gilliam of Burlington.

Roy L. Lindahl of Chapel Hill was nominated to succeed himself as a delegate to the American Dental Association for a term of 3 years by Glenn F. Bitler of Raleigh. The nomination was seconded by Moultrie H. Truluck of Asheville and William A. Current of Gastonia.

Pearce Roberts, Jr., of Asheville was nominated as a delegate to the American Dental Association for a term of 3 years by Cecil A. Pless, Jr., of Asheville. The nomination was seconded by Norman F. Ross of Durham.

Frank O. Alford of Charlotte was nominated as a delegate to the American Dental Association for a term of 3 years by H. Royster Chamblee of Raleigh. The nomination was seconded by J. Homer Guion and Amos S. Bumgardner of Charlotte, and J. T. Lasley of Greensboro.

On motion by Milton V. Massey of Brevard, seconded by John E. Moses of Charlotte and Paul Fitzgerald, Jr., of Raleigh the nominations were closed and a vote by secret ballot was conducted to elect 3 delegates to the American Dental Association.

As a result of the secret ballot the following were declared elected as delegates to the American Dental Association for terms of three years: Paul E. Jones, Roy L. Lindahl, and Pearce Roberts, Jr.

On motion by Frank O. Alford, severally seconded unanimous ballots were cast for Drs. Jones, Lindahl and Roberts.

Selection of Site for 1971: The executive secretary read letters from the Winston-Salem Convention Center and The Carolina, Pinehurst, inviting the Society to hold its 1971 annual session in these communities. On motion by S. Byron Towler, seconded by W. L. Hand, Jr., The Carolina in Pinehurst was selected as the site for the 115th Annual Session, May 9-12, 1971.

Announcements: The executive secretary read communications extending best wishes for a successful annual meeting from: Dr. John M. Deines, Seattle, Washington; G. C. Stowe, Jr., Charlotte; Robert F. Bason, president, Florida Dental Association; Luther R. Medlin, president, Guilford Technical Institute; Mrs. Mildred Pridgen, Fayetteville.

The executive secretary reported that at 5:00 p.m. registration totalled 1,804, including: 664 members; 316 Auxiliary Members; 172 exhibitors; 79 dental hygienists; 231 dental assistants; 35 students; and 207 guests.

Adjournment: The meeting was adjourned at 11:05 p.m.

THIRD GENERAL SESSION

Wednesday, May 14, 1969

Call to Order: The third general session of the 113th Annual Session of the North Carolina Dental Society was called to order at 11:40 a.m. by President Colin P. Osborne, Jr., in the Cardinal Ballroom of The Carolina, Pinehurst. S. Byron Towler pronounced the invocation.

Report of Clinic Committee: Jack E. Silvers, chairman, Clinic Committee thanked the men and women who presented the 21 table clinics and reported that the following table clinics had been selected for presentation at the American Dental Association Meeting in Miami, October 27-31, 1969:

"The Temporomandibular Joint," Donald C. Evans, Charlotte.

"Immediate Full Denture Restorations," Frank E. Gilliam, Burlington.

Announcements: The executive secretary announced that the registration for the 113th Annual Session totalled 2,251 as follows:

Members

First District	99
Second District	209
Third District	206
Fourth District	152
Fifth District	132
Total Members	798
Visiting Dentists	147
Dental Auxiliary	366
Exhibitors	181
Dental Assistants	249
Dental Hygienists	187
Dental Laboratory Technicians	36
Dental Students	36
Community College Students	142
Guests	109

Grand Total2,251

Installation of Officers: President Osborne installed C. W. Poindexter as the new president and delegate to the American Dental Association. Dr. Poindexter recognized his father, Dr. C. C. Poindexter of Greensboro, who had been installed as president of the Society 29 years ago; his wife, Emma.

The new president then installed the following newly elected officers and delegates: W. L. Hand, Jr., president-elect; Richard H. Graham, vice president; Joseph M. Johnson, secretary-treasurer; Paul E. Jones, Roy L. Lindahl, and Pearce Roberts, Jr., delegates to the American Dental Association.

Dental Foundation Campaign: Dr. Norman F. Ross announced a campaign for funds would be conducted by the Dental Foundation of North Carolina Incorporated to meet critical and urgent needs in the training of auxiliary personnel. He urged Society members to support the campaign with liberal pledges.

Presidential Appointments: President Poindexter announced the following appointments:

Member of the Executive Committee for a term of three years and chairman for 1969-1970: Charles W. Horton.

Speaker of the House for 1969-1970: Ralph D. Coffey.

Dorothy F. Cunningham Memorial Fund: President Poindexter paid tribute to Mrs. Dorothy F. Cunningham, wife of the executive secretary who died December 18, 1968, for her many years of devoted service to the Society. He announced that her many friends in the profession had established a Dorothy F. Cunningham Memorial Fund with the Dental Foundation of North Carolina, Incorporated in her memory and invited all who wished to do so, to participate in this Memorial.

Adjournment: The 113th Annual Session was adjourned *sine die* at 11:50 a.m.



NORTH CAROLINA DENTAL SOCIETY OFFICERS 1969-1970. From left to right: W. L. Hand, Jr., New Bern, president-elect; Colin P. Osborne, Jr., Lumberton, retiring president; Claibourne W. Poindexter, Greensboro, president; Richard H. Graham, Lenoir, vice president; Joseph M. Johnson, Laurinburg, secretary-treasurer.

Directory 1969-1970

NORTH CAROLINA DENTAL SOCIETY OFFICERS AND COMMITTEES

STATE PRESIDENTS

N. C. DENTAL ASSISTANTS
ASSOCIATION OFFICERS

N. C. DENTAL HYGIENISTS
ASSOCIATION OFFICERS

N. C. DENTAL AUXILIARY OFFICERS

N. C. DENTAL LABORATORY
ASSOCIATION OFFICERS

N. C. STATE BOARD OF
DENTAL EXAMINERS

NORTH CAROLINA DENTAL SOCIETY

1969-1970

OFFICERS

President: Claibourne W. Poindexter,	
309 East Wendover Avenue.....	Greensboro 27401
President-Elect: William L. Hand, Jr., Box 335.....	New Bern 28560
Vice President: Richard H. Graham, Box 607.....	Lenoir 28645
Secretary-Treasurer: Joseph M. Johnson, 426 King St.....	Laurinburg 28352
Editor-Publisher: Benjamin R. Baker,	
2101 N. Heritage St.....	Kinston 28501
Associate Editor-Publisher: James A. Privette,	
2201 N. Heritage St.....	Kinston 28501
Speaker of the House: Ralph D. Coffey, P. O. Box 693.....	Morganton 28655
Executive Secretary: Andrew M. Cunningham,	
P. O. Box 11065.....	Raleigh 27604

EXECUTIVE COMMITTEE

Chairman: C. W. Horton (1972), 206 Church Avenue.....	High Point 27260
James H. Lee (1970), 308 North Taylor Street.....	Goldsboro 27530
C. Z. Candler (1971), 1208 Northwestern Bank Bldg.....	Asheville 28801
Colin P. Osborne (1970), P. O. Drawer 1344.....	Lumberton 28358

DELEGATES TO THE AMERICAN DENTAL ASSOCIATION

Erbie M. Medlin (1970), Chairman	
Edward U. Austin (1971)	Ralph D. Coffey (1971)
Paul E. Jones (1972)	Roy L. Lindahl (1972)
Claibourne W. Poindexter (1970)	
Pearce Roberts, Jr. (1972)	

ALTERNATE DELEGATES TO THE AMERICAN DENTAL ASSOCIATION

Benjamin R. Baker	C. W. Horton
Richard H. Graham	Joseph M. Johnson
W. L. Hand, Jr.	James H. Lee
Colin P. Osborne, Jr.	

STANDING COMMITTEES

Annual Session: M. L. Cherry, chairman; John W. Girard, Jr., Vonnice B. Smith, J. Harry Spillman, J. H. Chesson.

Sub-Committees

Arrangements: J. Harry Spillman, chairman; James A. Harrell, William G. Schneider, Richard S. Hunter.

Clinics: E. N. Pridgen, chairman; Milton V. Massey, Frank H. Daniel, Galen W. Quinn, Wayne C. Anderson.

Commercial Exhibits: James E. Furr, chairman; (members appointed by the chairman as necessary).

Entertainment: J. H. Chesson, chairman; W. Harrell Johnson (Dance); James B. Howell (Reception); Robert J. Harned (Banquet).

Monitor: Jack W. Girard, Jr., chairman; W. Kenneth Young, Edward C. Schiebel, Lynn H. Smith, Albert P. Cline, Jr., Joe B. Craig, William E. Crow, Graham A. Page, June H. Stallings, Jr., M. Stevenson Thurston, Daniel U. Cregar, Jr.

Auxiliary: Robert H. Gainey

Program: Vonnice B. Smith, chairman; W. A. Current, John R. Wheless, Cecil A. Pless, Zeno L. Edwards, Jr.

Publicity: L. P. Megginson, chairman; (Members appointed as necessary by the chairman).

Scientific Exhibits: John B. Sowter, chairman; Cecil R. Lupton, Gordon B. Helmers.

Sports. William W. Ellis, chairman; T. R. Oldenburg, H. Wilson Shoulters, Jr.

CONSTITUTION AND BYLAWS: Thomas G. Nisbet, chairman (70); G. Shuford Abernethy (73); J. Henry Ligon (72); C. P. Godwin (71); Charles A. Reap, Jr. (74).

DENTAL CARE PROGRAMS: Glenn F. Bitler, chairman; William G. Ware, Jr., Joseph E. Campbell, Franklin E. Martin, T. S. Fleming.

Sub-Committees

State Agencies: Walter H. Finch, Jr., chairman; Robert H. Benfield, Cleveland W. Floyd, Nicholas J. Bartis, M. W. Aldridge.

Review: James B. Howell, chairman; R. A. Daniel, Jr., M. M. Forbes, Horace P. Reeves, Jr., David H. Freshwater.

Blue Cross: Franklin E. Martin, chairman; Edward U. Austin, Joseph E. Campbell, T. S. Fleming, Frederick G. Hasty.

Industrial Commission: Samuel B. Towler, chairman; Newton Smith, Charles W. Surles, Jr.

DENTAL EDUCATION: G. Shuford Abernethy, chairman; R. B. Barden, Riley E. Spoon, Jr., Ralph D. Coffey, Guy R. Willis

Sub-Committees

Continuing Education: Guy R. Willis, chairman; Walter T. McFall, Jr., Fred N. Ogden.

Dental Assistants: William H. Oliver, chairman; Burke W. Fox, Lynn H. Smith.

Dental Hygienists: Joe B. Roberson, chairman; J. Harry Spillman, Robert M. Kriegsmann, Charles T. Barker, J. Henry Ligon.

DENTAL HEALTH: Jack B. Upchurch, chairman; George K. Butterfield, Sandy C. Marks, Robert W. Holmes, E. A. Pearson, Jr., Robert H. Poole, Jr.

DENTAL LABORATORY RELATIONS: C. Z. Candler, chairman (74); James A. Harrell (72), Norman F. Ross (71), Harold E. Maxwell (73), C. D. Eatman (70).

ETHICS: Darden J. Eure, chairman (71); Elliot R. Motley (70), Newton Smith (72), W. L. T. Miller (73), Samuel H. Isenhour (74).

FEDERAL DENTAL SERVICE: T. Edwin Perry, chairman; O. R. Stovall, Kent W. Healey, Harold W. Twisdale, A. C. Current, Jr.

HOSPITAL DENTAL SERVICE: Walter H. Finch, Jr., chairman; W. D. Yelton, Robert J. Harned, Thomas A. Smith, Jere E. Roe.

INSURANCE: J. S. D. Nelson, chairman (73); William A. Mynatt (70), Derwood L. Ashworth (74), John S. Dilday (71), Donald L. Henson (72).

LEGISLATIVE: Mott P. Blair, chairman, C. B. Taylor, L. C. Holshouser, H. Royster Chamblee, Paul E. Jones.

MEMBERSHIP: R. H. Graham, chairman; E. Kent Rogers, III, Paul A. Stroup, Jr., Ludwig G. Scott, Gordon L. Townsend, William E. Kidd.

PUBLIC RELATIONS: L. P. Megginson, chairman; R. A. Carnevale, Max W. Carpenter, Darden J. Eure, Jr., Kenneth D. Owen.

RELIEF: J. William Heinz, chairman (74), W. H. Breeland (71), J. T. Lasley (73), S. L. Bobbitt (70), Herbert W. Gooding (72).

SPECIAL COMMITTEES

DENTAL PRACTICE ACT: Fay H. Culbreth, chairman; Robert B. Litton, Frank O. Alford, Roger E. Barton, Thomas M. Hunter, Milton H. Barnes.

Sub-Committees

Dental Assisting: Bennie D. Barker, chairman; Roger E. Barton, Miss Edna Zedaker.

Dental Hygiene: Robert H. Sager, chairman; J. Harry Spillman, James H. Lee, Miss Eleanor A. Forbes, Mrs. Carolyn C. Williams.

Dental Laboratories and Dental Technicians: John B. Sowter, chairman; James A. Harrell, C. Z. Candler, Jr. Mr. Fred Horton, Mr. Robert Gunter.

General Dentistry: Ralph D. Coffey, chairman; M. W. Carpenter, T. G. Collins, R. A. George, Paul E. Cotter, Walter S. Linville, Jr., C. W. Horton,

Specialty Licensure: Olin W. Owen, chairman; J. B. Freedland, Edward U. Austin.

DENTAL SERVICE CORPORATION: Roy L. Lindahl, chairman; Glenn F. Bitler, F. A. Buchanan, John H. Dixon, Charles P. Godwin, James B. Howell, Richard S. Hunter, Pearce Roberts, Jr., Freeman C. Slaughter, James M. Zealey, E. N. Pridgen, W. Stewart Peery, Cleveland Floyd.

STATE PLANNING COMMITTEE FOR DENTISTRY: E. A. Pearson, Jr., chairman; E. U. Austin, Joseph M. Johnson, Bennie D. Barker, John T. Hughes, Jack A. Menius, J. Homer Guion, Donald L. Henson, James W. Bawden, Walter H. Finch, Jr., Roy L. Lindahl, Amos S. Bumgardner, Freeman C. Slaughter.

PRESIDENTS OF THE NORTH CAROLINA DENTAL SOCIETY SINCE ITS ORGANIZATION

1856.....	*W. F. Bason	1920-21.....	*J. H. Judd
1857.....	*E. H. Andrews	1921-22.....	*W. M. Robey
1858.....	*B. F. Arrington	1922-23.....	*S. R. Horton
1866.....	*B. F. Arrington	1923-24.....	*R. M. Morrow
1875-76.....	*B. F. Arrington	1924-25.....	*J. A. McClung
1876-77.....	*V. E. Turner	1925-26.....	*H. O. Lineberger
1877-78.....	*J. W. Hunter	1926-27.....	B. F. Hall
1878-79.....	*E. L. Hunter	1927-28.....	*E. B. Howle
1879-80.....	*D. E. Everitt	1928-29.....	I. R. Self
1880-81.....	*Isaiah Simpson	1929-30.....	*J. H. Wheeler
1881-82.....	*M. A. Bland	1930-31.....	Paul E. Jones
1882-83.....	*J. R. Griffith	1931-32.....	*Dennis Keel
1883-84.....	*W. H. Hoffman	1932-33.....	Wilbert Jackson
1884-85.....	*J. H. Durham	1933-34.....	*Ernest A. Branch
1885-86.....	*J. E. Matthews	1934-35.....	*L. M. Edwards
1886-87.....	*B. H. Douglas	1935-36.....	*Z. L. Edwards
1887-88.....	*T. M. Hunter	1936-37.....	*D. L. Pridgen
1888-89.....	*V. E. Turner	1937-38.....	J. F. Reece
1889-90.....	*S. P. Hilliard	1938-39.....	G. Fred Hale
1890-91.....	*H. C. Herring	1939-40.....	F. O. Alford
1891-92.....	*C. L. Alexander	1940-41.....	*C. M. Parks
1892-93.....	*F. S. Harris	1941-42.....	C. C. Poindexter
1893-94.....	*C. A. Rominger	1942-43.....	*Paul Fitzgerald
1894-95.....	*H. D. Harper	1943-44.....	*Clyde E. Minges
1895-96.....	*R. H. Jones	1944-45.....	O. C. Barker
1896-97.....	*J. E. Wyche	1946-47.....	E. M. Medlin
1897-98.....	*H. V. Horton	1947-48.....	R. M. Olive
1898-99.....	*C. W. Banner	1948-49.....	C. W. Sanders
1899-1900.....	*A. C. Liverman	1949-50.....	Walter T. McFall
1900-01.....	*E. J. Tucker	1950-51.....	A. S. Bumgardner
1901-02.....	*J. S. Spurgeon	1951-52.....	*R. Fred Hunt
1902-03.....	*J. H. Benton	1952-53.....	*A. C. Current
1903-04.....	*J. M. Fleming	1953-54.....	Neal Sheffield
1904-05.....	*W. B. Ramsey	1954-55.....	*B. N. Walker
1905-06.....	*J. S. Betts	1955-56.....	*J. W. Branham
1906-07.....	*J. R. Osborne	1956-57.....	H. K. Thompson
1907-08.....	*D. L. James	1957-58.....	R. D. Coffey
1908-09.....	*F. L. Hunt	1958-59.....	S. E. Moser
1909-10.....	*J. C. Watkins	1959-60.....	*W. B. Sherrod
1910-11.....	*A. H. Fleming	1960-61.....	L. H. Butler
1911-12.....	*P. E. Horton	1961-62.....	N. F. Ross
1912-13.....	*R. G. Sherrill	1962-63.....	E. D. Baker
1913-14.....	*C. F. Smithson	1963-64.....	S. Byron Towler
1914-15.....	*J. A. Sinclair	1964-65.....	Darden J. Eure
1915-16.....	*I. H. Davis	1965-66.....	Pearce Roberts, Jr.
1916-17.....	*R. O. Apple	1966-67.....	J. H. Guion
1917-18.....	*R. M. Squires	1967-68.....	George F. Kirkland, Jr.
1918-19.....	*J. N. Johnson	1968-69.....	Colin P. Osborne, Jr.
1919-20.....	W. T. Martin	1969-70.....	C. W. Poindexter

* Deceased.

**ALLIED ORGANIZATIONS
OFFICERS 1969-1970**

NORTH CAROLINA DENTAL ASSISTANTS ASSOCIATION

President: Mrs. Jackie Patillo, 1014 Ingle St.....	Burlington	27215
Pres. Elect: Mrs. Jimmie Melton, 1212 DeSota Ave....	Kannapolis	28081
Vice Pres.: Miss Aillen Croom, 441 Robert E. Lee Dr....	Wilmington	28401
Secretary: Mrs. Wilma Wilson, 300 Mt. View Court.....	Lexington	27292
Ass't. Sec.: Mrs. Bette Holmes, 1329 Romany Rd. A-3....	Charlotte	28204
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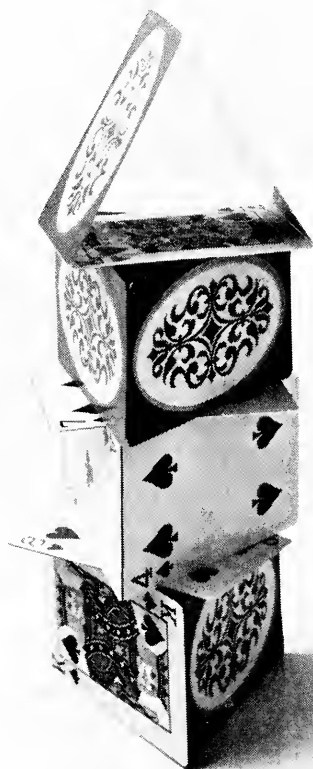
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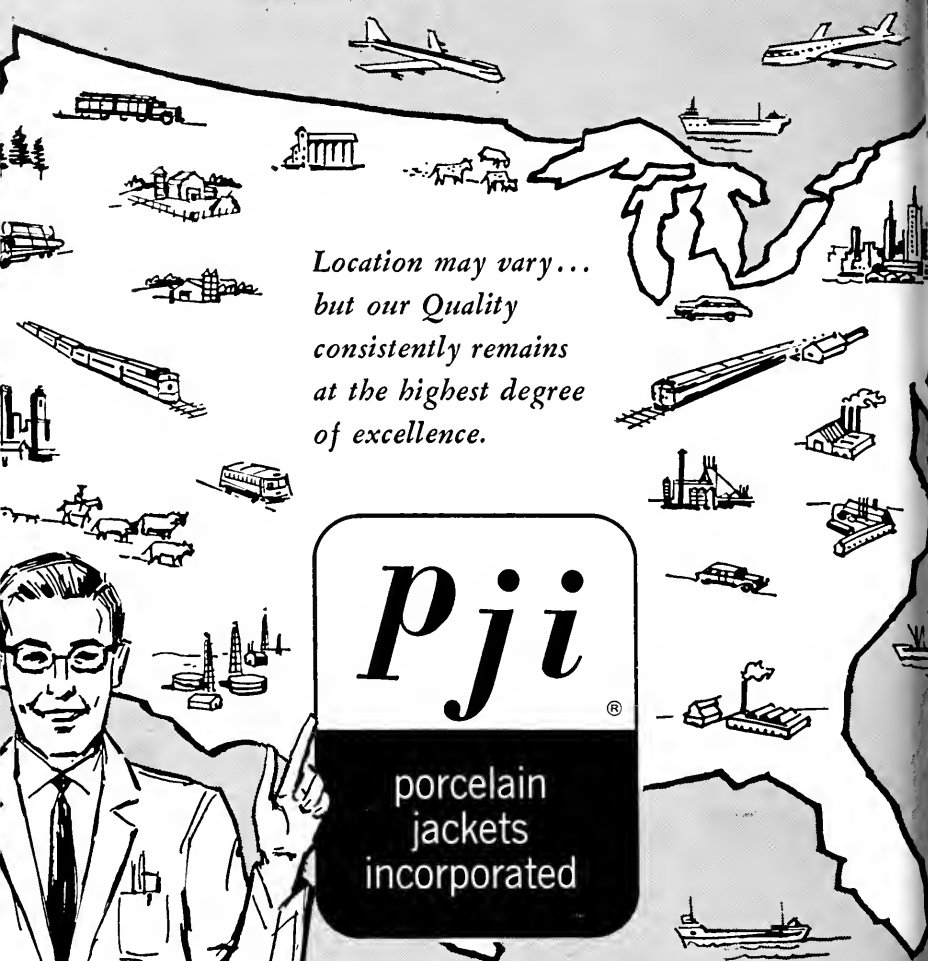
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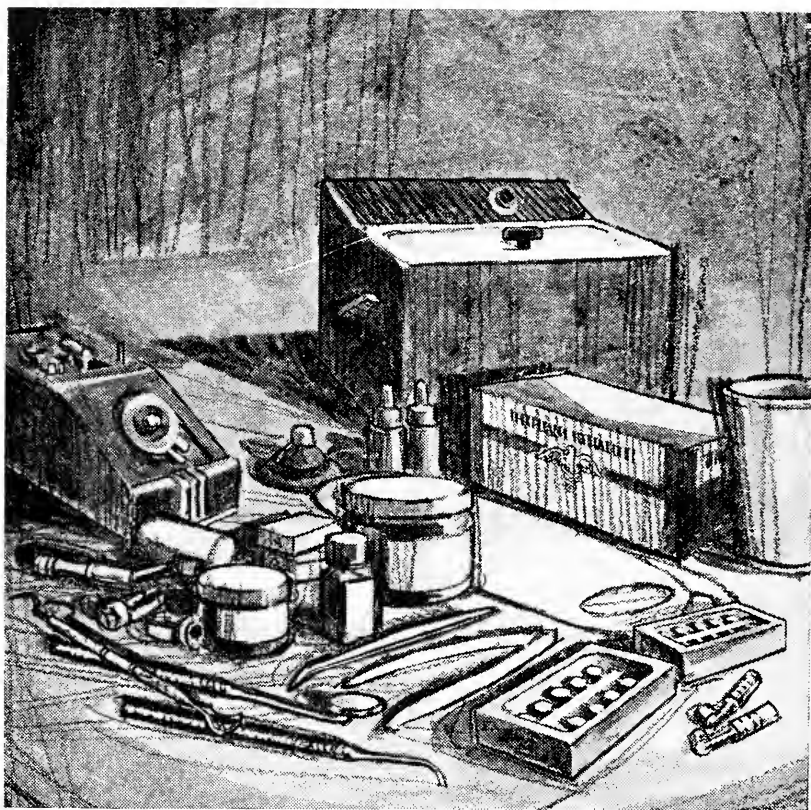
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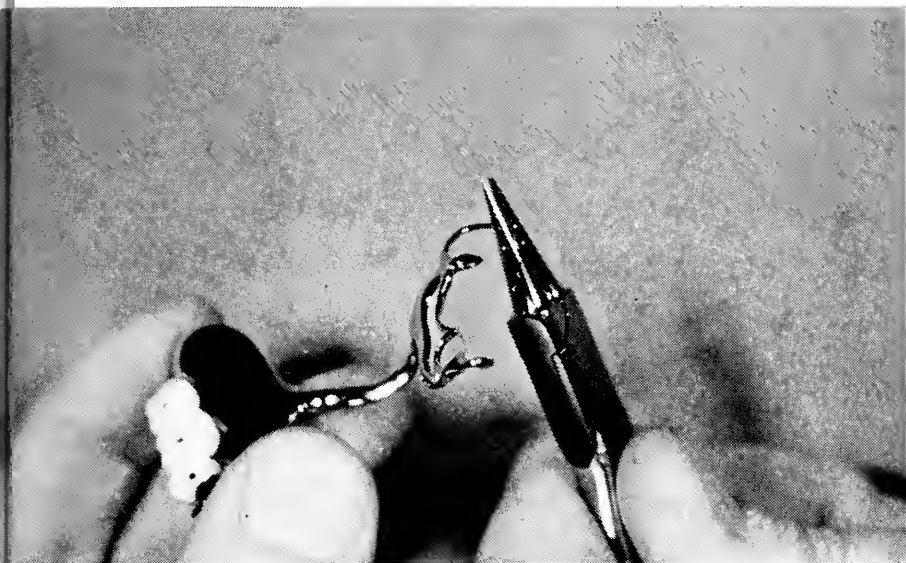
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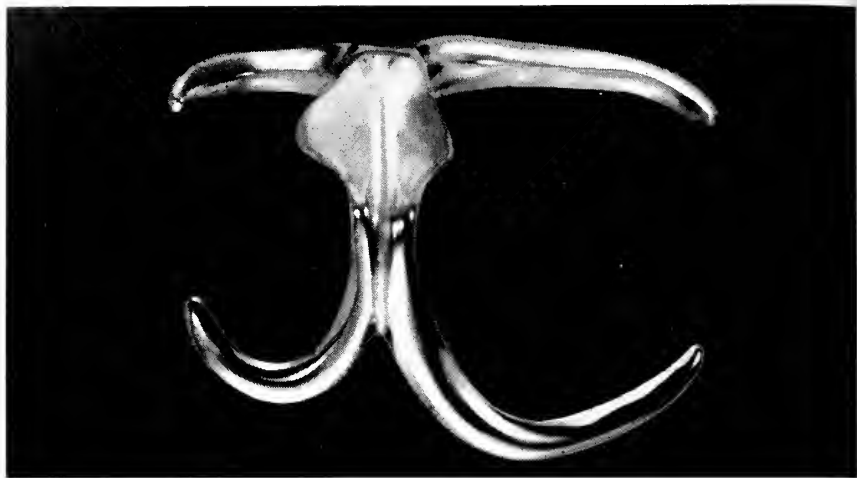
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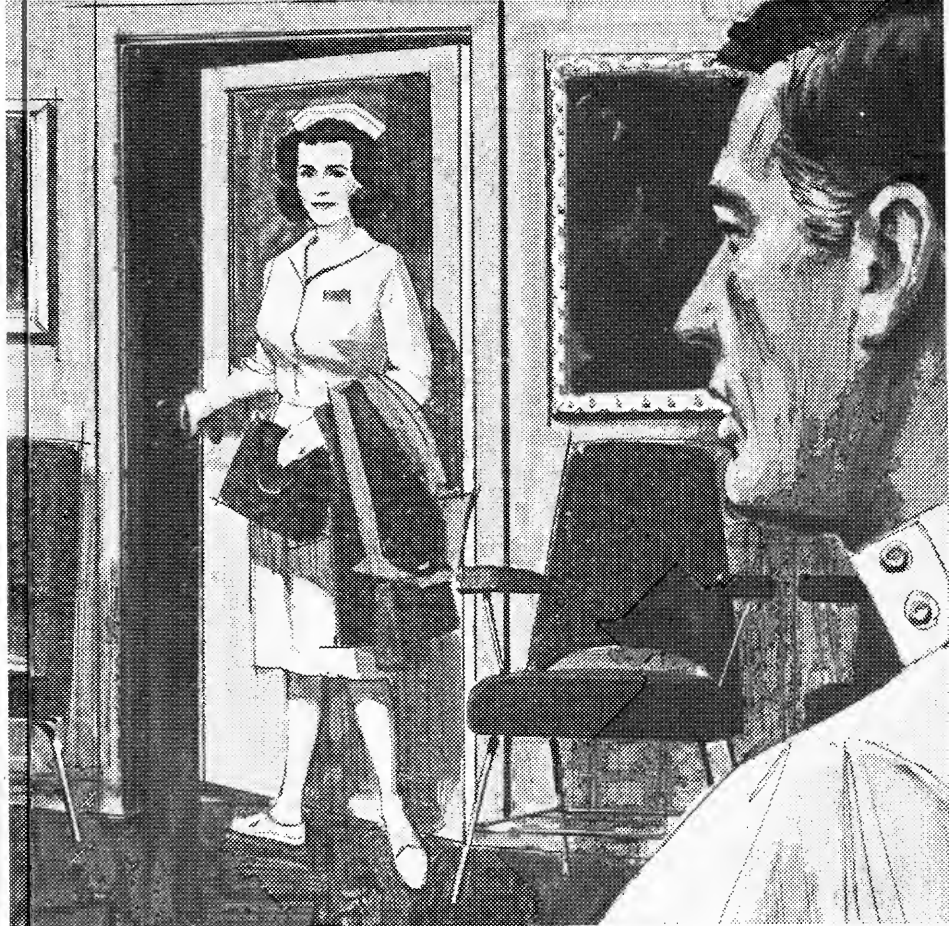


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